Clinical Lecture

ON A CASE OF

ANEURISM OF THE FEMORAL ARTERY, WITH RUPTURE OF THE SAC.

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(Shorthand Report, revised by the Author.)

I PROPOSE to speak to you this morning, gentlemen, on a case which you have observed for several weeks past—namely, that of the man who had aneurism of the upper part of the femoral artery, for which I tied the external iliac, and in whom, subsequently, secondary hæmorrhage ensued. The man is now so far recovered that I may speak of his case as being nearly ended; and if anything fresh should occur, it will be really in the nature of an accident, almost independent of the original disease.*

"John S——, aged thirty-four, was admitted into Darker ward on Dec. 2nd, with a pulsating tumour extending from an inch and a half below the crural arch to half an inch or more above it. There could be no doubt of the nature of the tumour, for not only could a bruit be heard with the stethoscope, and the pulsation be very distinctly felt, but a distinct thrill could be detected on placing the finger on the tumour." We therefore determined to ligature the external iliac artery somewhere at, or just below, the middle part of its course. The patient was kept in bed for a week, to accustom him to sleeping on his back, or, indeed, to sleeping in the hospital at all; for among the singularities of his case was a remarkable wakefulness. "On Nov. 9th the operation was performed. It had nothing remarkable in it. The wound resulting from the operation was left open."

On that part of the case I shall first comment. Indeed, my whole lecture will be after the fashion of a running commentary on the several particulars of the case.

The wound made for the ligature was left open. This was in accordance with a rule which I believe will hold for the large majority of the deep-seated arteries that may be tied. You know the general rule in regard to the selection of wounds in which to attempt union by the first intention: that unless there be a reasonable probability of that manner of union being successfully achieved, it had better not be tried for. The attainment of union by the first intention is an admirable result; but a failure is often attended by serious consequences—chiefly, the serious consequence of the materials produced in the first processes of inflammation becoming infiltrated among all the textures in the deeper part of the wound. In the case of the wound made for the ligature of such an artery as the external iliac in the middle part of its course, there are conditions which render it in the highest degree improbable that union of the whole wound by the first intention should be attained. The wound is deep in proportion to its length; it passes through several very different textures, which have different capacities for retraction, and which slide upon one another, so that all wounds made through them are very apt to become valvular. Observe, also, that the deepest part of the wound is made in textures which are looser than any of the textures that you pass through—the very loose connective tissue and fat which join the peritoneum to the transversalis. Then, again, the wound is one of which the parts cannot be kept absolutely at rest. They cannot be firmly bandaged down into contact with one another, and the ordinary movements of extreme respiration, of accidental coughing, of passing urine, and of defecation, all disturb the condition of the wound. And, lastly, the wound is left with a ligature in it.

Those conditions, all put together, make the union of such a wound as must be made for the ligature of the external iliac artery, in the highest degree unlikely to be a union by the first intention. Therefore it should not be tried for. It is to be expected that, in such a case, the result of the attempt would be that, in a day or two after the infliction of the wound, the products of inflammation would be infiltrated into the loose texture external to the peritoneum, or between the muscles. This is not a mere guess at what would happen; for, in addition to several cases in which I have seen minor disturbances of the kind ensue from closure of wounds over deep-seated arteries, I have seen two in which I could not doubt that a fatal result was due to it; two cases of ligature of iliac arteries, in both of which it was clear that death ensued from the filtering of inflammatory products external to the peritoneum, and in the other textures between the external wound and the artery itself.

The rule, then, in regard to ligature of deep-seated arteries holds especially for such an artery as the external iliac, and still more for the common iliac. And if you read the records of cases of ligature of the lower part of the carotid, or the proximal part of the subclavian, you will find illustrations of the same rule. You will find that, not rarely, death has ensued through the extension of suppuration down into the mediastinum, or into some of the deeper textures of the neck; and in some of these cases I can hardly doubt that it ensued from the penning up of the first products of inflammation at the bottom of a wound, which was closed at its surface. As a general rule, therefore, unless you have very reasonable expectation that you can keep all the parts of the wound close together and at rest, you should not close a wound made for the ligature of a deep artery. You need not be in any fear of leaving an artery exposed, any more than you would be of so leaving any other tissues. There is no special sanctity about arteries, that they need be shut up with more precision than other deep-seated parts.

But the very thing that we tried to avoid in this case happened, and through that which I could not control—namely, the swelling of the divided muscles. Upon this point I have spoken to you already in the course of the year; the tendency of divided muscles, not to retract when divided, but even at the very time of operation to remain in position, and afterwards to swell up and close the wound. Hence it is that if a wound be made through muscles into loose texture below them, it is very likely to be such a wound as will be followed by deep inflammatory infiltration. There is a very common belief that muscles retract upon being divided; but if you watch a circular amputation, or an amputation by flaps, through the fleshy part of the thigh, you will see that the muscles retract less than the other soft textures do. At the first passing of a knife through a muscle, it contracts, and draws back quivering with true muscular contraction; but directly afterwards it elongates, and then it remains for a time quivering. If you put a muscle on the stretch, and then divide it, it will retract to just its middle average length—that is, to the length which it has, not in its fullest muscular contraction, but according to its elasticity. The retraction of muscles after being divided is dependent, not on their peculiar muscular or so-called vital contractility, but on their elasticity, the merely mechanical elasticity which they possess. Now, the muscles are amongst the least elastic textures of the body. The skin is more elastic, and retracts much more; the subcutaneous tissue retracts much more; even some fasciæ retract more than muscles; the ordinary connective tissue retracts more. Watch any considerable operation in which muscles are divided, and you will see that the muscles only retract when divided after being put upon the stretch; so that, in an operation such as this was, for the ligature of the external iliac, you have to use artificial retraction to keep the muscles asunder, that you may see where you are operating. More than that: after the operation, the muscles, being the most vascular textures you have divided, swell up most; so that the next day, or the day after, you find them swollen, pouting, and bulging at the external wound, and closing it. This was shown, not only in the patient for whom I tied the external iliac, but also in a man who still lies close by him in Darker ward, from whose thigh I removed a deep-seated tumour. The poor fellow has now the tumour recurrent, and growing out through his muscles. To remove his tumour, which lay in close contact with the femur, I had to divide a large extent of the vastus externus, dividing the fibres transversely to their direction, and putting them

* The patient has left the hospital, well.

therefore in the position in which you would have supposed that immediate and wide retraction would ensue. None ensued; and the next day the wound was completely closed, and all its deep-seated parts shut up dangerously by the swelling of the muscles, and I had to pass my finger into the wound and let out serum and some bloody fluid.

In this man, then, upon whom I tied the external iliac, even the next day the muscles had swollen and shut up the external wound, and it was evident that serum, or some of the first products of inflammation, had collected underneath. Therefore on that day I gently separated the edges of the muscles, and let out this fluid. On the day after a similar thing had occurred, the muscles being bulged at the external wound. Again we could feel that there was fluid beneath them, and again the fluid was similarly let out. But I believe that by this time the mischief had begun on which all the subsequent unfavourable progress of the case depended; for from that time onwards it was plain that suppuration was going on in the deepest part of the wound, and although from day to day the quantity of suppuration diminished, yet we found, upon deep pressure about the wound, that some pus would always well up from its bottom. On that point, however, I will speak to you when I come to the latter part of the case.

To go on with it in its course. The operation was performed on the 9th of December; on the 20th it was observed that some pus which flowed from the deeper parts of the wound was bloodstained, and an occasional bloodstaining of the pus was observed from day to day onwards. On some days the pus was quite healthy; on others there was a little, on others yet more, staining with blood, and once or twice a little clot of blood was seen. This occasional bloodstaining of pus that flows from a part where a large artery has been tied is always to be looked on with some apprehension. It does not necessarily imply mischief, but it may always suggest to you that something like leakage is going on from the tied bloodvessel—a leakage, it may be, from so small an orifice that it can be afterwards completely healed up and no mischief follow, but which may be from an orifice likely to enlarge; and in such cases it may be well to adopt the precaution which I find recorded as having been taken here—the abdominal tourniquet was kept ready to be applied in case of the patient bleeding.

On the 26th—that is, seventeen days after the operation,—the ligature of itself came away, and from that time onwards the healing of the wound was more rapid, and there remained only a small aperture through which the pus from the deeper-seated parts continued to discharge. On the 31st it is recorded that the pus was again healthy. But after that date there were again occasional discharges of bloody pus, keeping us still in apprehension of hæmorrhage; and "on the 11th of January, without any material change in the patient's general condition, or in the aspect of the wound, blood flowed profusely from it. A hæmorrhage took place to the extent of about ten ounces, and it was so rapid that this quantity had flowed before the sister of the ward could get to the man. When she pressed the wound down firmly with a towel, the bleeding ceased, and by the time the house-surgeon was called no blood was flowing, and no further information could be obtained as to the source of the blood." Severe hæmorrhage had, then, ensued on the thirty-third day after the performance of the operation.

A single hæmorrhage of that kind, coming after the ligature of a great artery, does not necessarily dictate the ligature of any other artery, or any other severe proceeding. There are cases enough on record in which a single hæmorrhage has been followed by complete healing, without further interference with the wound. The plan which I adopted here, and which I should recommend under similar circumstances, was a considerable reduction of the patient's diet. Very small diet is enough for healing, and when there has been considerable hæmorrhage from a possibly ulcerating artery, the object to be had in view is to reduce the force of the circulation, so that, while leaving it sufficient for all healing purposes, it will not be over-much for an artery that can bear but little pressure of arterial blood. I remember a very striking instance under the care of my former colleague, Mr. Lloyd, who had tied the external iliac artery for a case of aneurism of the upper part of the femoral. The wound did badly, and there came one day a profuse hæmorrhage, some three or four weeks after the ligature. He made no further change in the management of the case than to apply a compress, and to reduce the patient from what had been full diet to our milk diet; and from that time onwards the wound healed much better than it had been healing before, no further hæmorrhage occurred, and the man recovered. I adopted that measure here, hoping that by reducing the force of the circulation, while still leaving abundant force for the purposes of healing, the hæmorrhage would not return.

On the 15th of January—that is, on the thirty-seventh day—there was another hæmorrhage, to the extent of six ounces. On the occurrence of this second hæmorrhage we held a consultation as to what should be done, and the result was that a majority of us, if not all, advised that if hæmorrhage should ensue again the best proceeding would be to lay the wound wide open, and tie whatever might be found to be the bleeding part or bleeding vessel.

Consider now, in a case of this sort, what ought to be done. The external iliac artery had been tied, and secondary hæmorrhage had occurred at a long date from the ligature, and even at a long date from the separation of the ligature. In a case such as this, where the wound is very nearly healed, and the blood issues from but a small remaining aperture in the wound, you may have, as we had, no guidance whatever to tell you whether the bleeding comes from the upper or from the lower part of the vessel, or from another source altogether. Everything is closed to you except a single aperture which leads down to a place where a large vessel has been tied. If there were an opportunity, in such a case as this, of trying the effect of pressure on the bloodvessel above the supposed point of bleeding, you might be able to decide whether the bleeding comes from the upper or from the lower end; but we had no such chance. Now the part of the artery below the ligature is, in these cases, to say the least, quite as likely to bleed as the part above; for long before the lapse of three or four weeks, the collateral circulation is so completely established that the stream into the lower part of the artery is very nearly as forcible as the stream into the upper part. You have, therefore, at least two possible sources of hæmorrhage: the direct stream of arterial blood down to the place where the ligature was applied, and where the artery may be ulcerated, or torn after too weak healing; and the collateral streams of blood, passing into the lower part of the artery, and then coming upwards to the seat of hæmorrhage, and issuing from some point of ulceration or tearing of the artery.

The courses that were open in such a case were: first, the ligature of the common iliac artery; secondly, the plugging of the wound, filling it up with lint, with or without some astringent, such as the perchloride of iron; and, thirdly, the laying of the wound wide open, so as to meet whatever contingency might ensue, and tie whatever might be bleeding. These are the three courses which would be open to you in a similar case.

Against the first of these proceedings—the ligature of the common iliac artery—there was this objection (a final one): that we could have no certainty that the ligature of the common iliac artery would control the bleeding. As Mr. Callender especially suggested, if the bleeding came through the collateral circulation and from the lower end of the artery, it might be derived from the junction of the internal mammary and the epigastric, which might bring blood down to the femoral from the subclavian. The excellence of this objection was proved, if I may so far anticipate the conclusion of the case, by what we observed at the final operation—that pressure upon the abdominal aorta did not stop the hæmorrhage.

Now, it is a rule never to be departed from, unless for some very evident reason, in the treatment of secondary hæmorrhage, that you should not proceed to the ligature of a large artery distant from the wound unless you have first proved that pressure upon that artery arrests the bleeding for a time. Here we had no opportunity whatever of ascertaining this; for although the abdominal tourniquet was at hand and placed upon the patient, yet before it could be applied fairly the bleeding every time ceased. But the rule I have just given you was strikingly impressed on my mind by a case that I remember to have seen some years ago, when it was proposed to tie the external iliac artery for secondary hæmorrhage after amputation of the thigh. The operation, however, was not done; and the patient died; and then it was ascertained that the hæmorrhage had come

from the artery of the sciatic nerve, a branch of the internal iliac—an artery, therefore, which the ligature of the external iliac would in no way control.

The tying of the common iliac artery, then, was deemed uncertain,—though certainly it would have been very dangerous to a patient in the reduced condition in which this man was. The second suggestion—that of plugging the wound—was thought most likely to prove insufficient; and not insufficient only, but very damaging, in case it should come to the necessity of doing something more. To lay open a wound which has been plugged with lint and astringents is a much more troublesome matter than to lay open a wound which is frank and clean.

Therefore, on the occurrence of a third hæmorrhage, on the day after the second, I came down early in the morning and proceeded to lay open the wound—to do whatever there might be found necessary. The wound was, in the first instance, laid open from its upper end to its lower, and then extended upwards till the whole space in which the tied artery lay was fairly exposed. Being thus exposed, I found at first no hæmorrhage at all—an event which should never surprise you when you are seeking for either a wounded or a ruptured artery, for at the time of the operation it is not at all infrequent. Often the orifice through which the artery bleeds is by some accident closed, and you have to remove a clot, and sponge this way and that, before you get sight of the hæmorrhage for which you are operating. In the further course of the operation I found that which I ought to have suspected before—namely, that the bleeding did not proceed from the tied part of the artery at all, but from the aneurismal sac. I ought to have suspected this before, because for three or four days before the final hæmorrhage we had observed a considerable swelling over the seat of the old aneurismal sac. The sac, as we had observed it from day to day, had pulsation within three or four days of the first ligature, due no doubt to the collateral circulation finding its way to the lower part of the femoral, and thence upwards into the sac, and so to the seat of the ligature. That pulsation had gone on, slightly diminishing from time to time; but, as I said, from three to four days before the final hæmorrhage a considerable swelling was observed on and about the sac. This swelling ought to have intimated to me the possibility of rupture of the sac, and, if so, that it was the sac which was bleeding into the wound, and not that part of the artery which had been tied.

Finding, then, that the source of the hæmorrhage was the aneurismal sac, I laid open the whole length of the sac from the original wound, into the remains of which it had burst, cutting through the crural arch, and to the upper part of the femoral artery. The sac, being thus freely laid open, was emptied of its clots; and then we came in sight of what was bleeding. Blood was rushing pretty quickly up through the femoral artery into the sac. A finger was at once put upon the bleeding orifice, and then the femoral artery was tied. But after the femoral artery was tied, as the account of the case fully records, but as I may tell you in fewer words, we found still a bleeding into the lower part of the sac. Blood was streaming into the sac from some arterial branch that opened into it near the femoral trunk. The sac was a dilatation of the upper part of the femoral and the lower part of the external iliac artery; and into its walls there opened some other arterial branch, we could not tell what. It might have been an external or an internal circumflex; but in the disturbance of parts we found it impossible, and it was very unnecessary, to ascertain what this artery was. It was tied; and on tying it the whole bleeding ceased. The patient was then left with a very wide open wound, with the remains of the aneurismal sac at the bottom of one part of it; and in another part the external iliac artery healed after the separation of its ligature. The ligature separated from the femoral after fourteen days; and granulations have formed over the whole length of the wound, and are in partcovered with new cuticle.

From the time of this second operation the case, so far as mere surgery is concerned, went on simply. The troubles of the case from that time consisted in the difficulty of maintaining alive a man so utterly exhausted as, after this large operation, the patient was. He was brought out of his exhaustion by the incessant care of dressers, who watched him day and night; by the use of nutrient enemata as long as he was unable to retain food taken by the mouth, which was for a period of two or three days; and then by continual careful feeding on slightly increased diet.

(To be concluded.)

PHTHISIS AB HÆMOPTYSI.

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"Ex sanguinis sputo, puris sputum et finor."
HIPPOCRATES, Aphor. vii., 81.

THE doctrine embodied in this aphorism, formerly believed in and received with the unquestioning submission once accorded to the sayings of the Father of Medicine, is now universally denied. Some thirty or forty years ago, Laennec, guided by what seems to us nowadays a rough kind of pathological anatomy, taught that, in those numerous cases in which cough, expectoration, and all the other symptoms of consumption are preceded and ushered in by spitting of blood, the hæmorrhage had, in reality, nothing to do with its apparent consequences; in short, that hæmoptysis, although it might often appear to be antecedent to the phenomena of phthisis, could never be its cause. Now we seem to be in the way of returning to the divine Hippocrates: not, certainly, from renewed faith in his teaching, for there never was a time in which men were less disposed to retrace their old courses in this respect; but because the progress of pathological knowledge leads us to apply to Laennec's ideas as to the origin and nature of phthisis the same kind of scepticism that he applied to the notions of his predecessors. Laennec's disbelief of the possibility of consumption originating from hæmoptysis, although founded on observation, was essentially theoretical, and formed part of his general doctrine of tubercle. It was not the immediate offspring of facts, but of the notion entertained by him, and accepted by his successors up to the present time, that phthisis consists in the infiltration of the lungs with a particular kind of substance, which infiltration can only take place in persons whose blood is impregnated with a special taint, or otherwise altered in composition. So long as the fact of constitutional liability to consumption can be accounted for in no better way than that of referring it to a dyscrasia or to a morbid poison, visibly represented by the material with which the diseased organs are filled, all reasoning about the etiology of the disease must be restrained within a very narrow circle. But if, on the other hand, we can succeed in so entirely divesting our minds of this notion of dyscrasia as to forget it, and content ourselves with regarding the material with which the phthisical lung is consolidated, not as endowed with some specific malignity, but merely as unabsorbed residue of common inflammatory processes, most of the difficulties disappear. For if by phthisis we mean only consolidation followed by disintegration of the consolidated parts—if the consolidating material is, in most forms of the disease, nothing more than a product of catarrhal inflammation of the minute bronchioles, and of the air-cells into which they lead—and if such inflammation may be, and is, constantly produced by the introduction of foreign substances into these cavities,—what reason is there for doubting that coagulated blood may act in the same way as other irritants?

This question is now being asked by various pathologists. In Germany it has been brought into prominence by the lucid and practical lectures of Professor Niemeyer on Consumption, who, on clinical grounds, maintains on the one hand that hæmoptysis occurs more frequently than is generally admitted in persons who are neither consumptive nor ever become so; and, on the other, that, although in most cases the hæmoptysis of early phthisis is a consequence of organic change, the cases are far from being rare in which pulmonary hæmorrhage is not only the antecedent, but the cause, of chronic inflammatory processes which result in softening, and the formation of cavities. It will be remembered that at a recent meeting of the Clinical Society a series of cases were communicated by Dr. Baümler, having the same bearing as those of Niemeyer. At

the next meeting (April 23rd), another and more complete paper on the same subject is announced from Dr. H. Weber. The question is one of great difficulty as well as of great importance. Of course there is nothing easier than to say with Louis "it is infinitely probable" that in every case the lungs are tuberculous before the hæmoptysis occurs, but much more difficult to prove it, for there is no reason for assuming that hæmoptysis affords any stronger evidence of organic change in the bronchial or alveolar mucous membrane, than epistaxis does as regards the mucous membrane of the nares. On the other hand, there is nothing more difficult than to prove the absence of pre-existing disease in any given case. If, however, it can be shown in a sufficient number of instances that an individual to all appearance healthy may suddenly spit blood, and then, after an interval of a few days, become feverish, and that in such a patient the rise of bodily temperature is associated with the appearance of the physical signs of lobular consolidation, and that the consolidated parts eventually soften, we shall be inclined to believe that the doctrine taught at Cos four centuries before the Christian era is one which at all events requires at the hands of modern pathologists more critical and more impartial examination than it has yet received.

Queen Anne-street, W., April, 1869.

ON THE

COMPARATIVE STRENGTH OF ARTERIES SECURED BY THE METHODS OF LIGATURE, ACUPRESSURE, AND TORSION.

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IN the contest still being carried on between the rival merits of ligature, acupressure, and torsion, experimentation on the dead body—a method which, it must be admitted, is capable of exercising at least some weight in the solution of the question—has not yet been brought so prominently forward as it deserves. Some points which the advocates of the different systems are seeking otherwise to demonstrate can be solved with great accuracy by means of experiment; and while the whole subject of the after-results of operations where each system has been employed is capable of being worked out only by clinical observation, their absolute and relative values as means of arresting hæmorrhage can by experiment be determined with very great certainty. Thus all it is requisite to know about an artery which has been submitted to the action of one of these hæmostatics, on purpose to judge of its power of controlling bleeding, is to be made aware of how much internal pressure a vessel so secured is able to resist. It is true that we cannot compare with absolute correctness the amount of resistance obtained with the force of the blood which in the living subject has to be resisted: before this could be indisputably accomplished, the amount of internal pressure exercised, under normal and abnormal conditions, by the blood, would have to be determined. Although this has not yet been done, something like a general idea of the force usually resisted by the wall of vessels can be formed; and by comparing this with the resistance of the three forms of hæmostatics, and these again with each other, a fair appreciation of their absolute and relative values can be arrived at.

The other conditions necessary for accurate experimentation are certainly present. A ligature can be applied as perfectly to a vessel removed from the body as to a living one; torsion can be as efficiently performed on the one as on the other; and some at least of the forms of acupressure are equally applicable under both circumstances.

In submitting the following results of a series of experiments as to the relative amount of internal pressure in inches of mercury required to overcome the artificial closure of divided vessels by ligature, acupressure, and torsion, an apology for their present incompleteness is necessary. In undertaking them, it was at first proposed to institute about a hundred several experiments, one-third of which were intended to refer to ligature, one-third to acupressure, and the remaining third to torsion. As yet, however, the results of only thirty-four such experiments have been collected, various causes having combined to prevent their being carried out to the full extent. The uniformity, however, of the results obtained leaves little room for doubt as to the correctness of the conclusions arrived at.

Among the circumstances which render them imperfect, besides their limited number, is our present ignorance as to the amount of internal pressure which the blood, in normal and abnormal conditions, exercises upon the walls of the human arteries, and as to the power of resistance of healthy and diseased vessels. The want of accurate knowledge on these points is very unfortunate; for evidently we cannot be in a position to estimate by experiment the absolute or relative value of artificial means of closing wounded vessels, unless also aware of the amount of force with which the blood circulating in them tends usually to keep them patent. Thus, if the internal pressure on the walls of vessels is slight in degree, and if, even under unusual conditions, it is slight in comparison with the means we possess for resisting it, we are not justified in assuming that our frailest means of restraining arterial hæmorrhage may not be much more than sufficient to answer our purpose; since the force with which it is contending may be frailer still. It is by no means easy to fill up this important gap, for, to do this satisfactorily, it would be indispensable to have some experiments on arterial pressure which had been performed on the human subject. Of the existence of any such I am ignorant.

On purpose to have something, which, however deficient, would be better than mere guess-work to go by, a series of experiments were instituted to ascertain what weight laid upon the radial arteries at the wrists, where they are covered only by skin and aponeurosis, would be sufficient to obliterate their calibre. A small button was made to press upon the vessel, and its pressure was indicated upon a steel yard; the amount of pressure at which the pulsations below ceased was carefully noted, and also the point at which they returned. The results of numerous experiments performed in this way did not always exactly correspond; but it was found that the artery was never controlled with less pressure than two pounds, and that it never required more than a pressure of eight pounds to ensure the cessation of the pulsations. So that the conclusion drawn was that a direct pressure of between two and eight pounds is what is usually necessary to obliterate an artery of the size of the radial at the wrist.

It would be difficult to say with what amount of internal pressure to the square inch this would correspond, the conditions of the experiment utterly forbidding any such calculation; but, perhaps, it would not be too bold an assertion to state that, at the very least, two to eight pounds to the square inch may be assumed as the pressure of the blood. Assuming this, then, as the usual pressure of the blood, a reliable mode of securing wounded vessels is one which invariably permits the arteries subjected to its operation to resist an internal pressure of at least two to eight pounds to the square inch, or a column of four to sixteen inches of mercury.

Before submitting any of the methods to the test of the direct experiment, it was endeavoured to ascertain with the internal pressure of what number of inches of mercury the bursting point of healthy arteries corresponded. For this purpose it was desirable to obtain vessels which could be readily removed from the dead body without much close dissection, so as to allow of all their coats being invariably preserved intact, and which vessels should also have no branches. To this end selection was made of the common carotid arteries, which have very loose connexions and no branches, and which are removable without any trouble in the course of an ordinary post-mortem examination. For these, as well as for all the succeeding trials, the arteries were carefully removed, being cut through above their division into external and internal carotids, and at their proximal extremities as close as possible to the arteria innominata, or, on the left side, to the arch of the aorta. They were selected from fresh bodies—always from those who had been less than forty-eight hours dead; they were rejected if they showed any signs of disease or atheromatous degeneration, and were without delay submitted to experiment.

The dynamometer used for estimating the height of the column of mercury consisted of a glass tube, bent near its lower extremity at right angles, the short limb being drawn out into a bulbous nozzle, of such size that it slipped readily into the interior of the vessel. The vessels were, in all the experiments, secured to this nozzle by being bound to it with thick soft silk, wound round them at first lightly, and afterwards more firmly, so as to press the artery against the sides of the tube without injury to the internal and middle coats. The upper limb of the dynamometer was graduated in inches, and the one at first used was capable of containing a perpendicular column of fifty-four and a half inches of mercury. With this it was found impossible to burst the coats of a healthy carotid artery, and the experiments were deferred until a longer tube, similar to the first, and capable of containing a perpendicular column of 114 inches of mercury, was procured. This second dynamometer had in its interior an iron wire slightly twisted into a spiral form, which broke the descent of the mercury poured in at the top, causing it to fall in a shower of minute drops on the column of the metal as it was ascending in the tube.

To the nozzle of this instrument one end of the vessel experimented on was secured as previously described, the free extremity, in the series of experiments undertaken to find the bursting point of arteries, being bound with similar silk, at first lightly, then more firmly wound round it, until the walls were pressed closely together, but without injury to the middle and internal coats, and until the end of the artery was enveloped in a ball of silk. The mercury was next poured gradually into the top of the tube, and its ascent watched on the graduated scale. Even with this height of column, however, it was found impossible to burst the walls of the arteries, as they resisted the pressure in every instance.

To avoid more waste of time in attempts to ascertain the bursting point, it was resolved to leave it undetermined, and to resume the attempts to find it, should it be necessary, in testing the resistance of vessels secured by ligature, acupressure, or torsion, to use a higher column than the 114 inches which the walls of healthy carotid arteries invariably resisted.

The next experiments were with torsion. One end of the artery being fixed on the instrument, the stem of the vessel was seized about two inches from the nozzle of the dynamometer, and being firmly fixed there by the hand or some properly protected instrument, the free extremity was next twisted off by a broad-pointed blunt forceps, like that used by Professor Syme in securing vessels. This twisting was continued till the end of the vessel came away of itself without pulling, to achieve which a considerable amount of twisting was required, and then the artery was left free, supported at the level of the lowest part of the perpendicular column, while the mercury was gradually added from the top, and the results recorded on the spot.

It was found that out of six vessels treated in this manner, no two gave exactly the same results. As soon as the mercury commenced to rise in the instrument, an untwisting motion commenced in the arteries, growing more and more evident as the column rose, until at length the jet of metal burst forth from the twisted end in a full stream, preceded by little or no oozing. In fact, it was plain that a small pressure indeed, if kept up, would in time have completely unclosed the artery, and that had the mercury not been quickly added, the pressure sustained would have been lower than was recorded. Out of six experiments, one artery burst at 27 inches, one at 26 inches, one at 14 inches, one at 7 inches, one at 3 inches, and the other at 1·5 inch, giving an average of 13 inches of mercury as the resistance of a vessel secured by torsion. It will be perceived from these experiments that the average pressure sufficient to unclose the vessels—viz., 13 inches of mercury, or 6·5 pounds to the square inch, showed a resistance not equal to the 16 inches or 8 pounds assumed to be requisite, and that one of the vessels burst at 1·5 and another at 3 inches, a good deal lower than the extreme minimum of 4 inches. It would appear likely from this that vessels secured by torsion are very liable to secondary hæmorrhage, especially when the heart, recovering from the immediate shock of an operation, begins to beat more firmly, and to increase the arterial tension. Notwithstanding its advantages in leaving no foreign body in wounds, torsion seems as if it would be a dangerous hæmostatic. It is, however, open to experience to show the contrary.

In the vessels which had been subjected to torsion, the end removed, as well as the end left, was afterwards slit up, and carefully examined. It was found, as has been shown by others, that the calibre was closed by the intermixed ends of the fibres of the external coat forming a thimble-shaped termination enclosing the ragged ends of the middle and internal coats, which were irregularly folded back for the space of a quarter of an inch or so into the bore of the artery.

The next experiments were with acupressed vessels. The method of acupressure used was always the fourth method of Pirrie and Keith, where, the needle being passed behind the artery, a loop of wire is placed over its point, the two ends brought back over the vessel on the other side from the needle, and secured by being twisted round the eye-end of the needle. The other methods are inapplicable to experiments undertaken on vessels removed from the body; and this fourth method, besides, is described by Pirrie as being "no doubt the most secure."

In the very first trials it was found that when the arteries were acupressed with only sufficient firmness to bring their opposite walls into contact without cutting through the internal and middle coats, oozing from the secured ends occurred as soon as the perpendicular column of mercury began to rise, and before it had attained an elevation of a few inches; so that in all the experiments subsequently performed (and the results of these alone are preserved) the wire was pulled so tight that the inner two coats were felt to give way—a fact always verified by the subsequent examination.

Out of twenty-one such trials, the mercury was found to commence free oozing, or even to escape in strong jets, at 38, 41, 40, 43½, 28, 6, 16, 53, 16, 37, 40, 29½, 18¼, 4½, 8, 6, 6, 24, 7, 20½, and 11 inches of mercurial pressure, or on an average at 23·5 inches. It is further noticeable that, of those twenty-one cases, nine gave way under 16 inches of pressure, the lowest being 4½ inches, none giving way under the assumed extreme minimum of 4 inches. Thus, if acupressure can be fairly judged from such experiments, it would seem a more reliable method of hæmostatics than torsion, but still not an absolutely certain means. At the same time, it is freely admitted that the observations of cases treated by acupressure in the Aberdeen Hospital would lead any impartial witness to believe it a most valuable plan in most cases, and where readily applicable. Its influence in producing primary union in wounds is undeniable; but in cases where primary adhesion could not be hoped for, its employment is uncalled for; and the superior results of ligatured vessels, when subjected to like experiments, show the superior safety of the old plan. One thing remains not quite clear, and that is—what becomes of the separated points of the internal and middle coats of the vessels, without which, unless a mass of tissue is included, acupressure by the fourth method cannot be efficiently performed?

The results of experiments on ligatured vessels require no long exposition. The ligatures were carefully applied, so as to cut through the internal and middle coats; and the vessels were, as in the other cases, carefully examined subsequently. In seven cases the pressure resisted was as much as the dynamometer allowed: the vessels refused to burst with 114 inches of mercury in every case except one, and in this the vessel gave way at 85¼ inches of pressure, but not at the site of the ligature. A rent opened in its wall at a distance of one-third of an inch above the ligature; and when the vessel was removed and examined, an atheromatous patch, previously unobserved, was found at the site of the rupture. In one other case, a vessel which had been a good deal strained in fixing it upon the instrument, allowed a few beads of mercury to sweat through its walls at 70 inches of pressure, but bore, notwithstanding this, the full pressure of 114 inches, the escape of mercury ceasing as the column rose above 70 inches. These results are far above those of acupressure or torsion, and answer fully to the ideal resistance demanded.

If any conclusions can be founded on the above remarks, they are—that ligature is still our securest means of arresting hæmorrhage from wounded vessels; that the use of acupressure should be confined to those cases where its advantages are of use, as in wounds that may heal by first intention; and that prudence would forbid the application of torsion to large vessels, but allow its employment in

small vessels, where the thickness and the capacity of contraction possessed by the muscular coat, as well as the amount of tissue included in the torsion forceps, favour its employment. It is possible that the use of Lister's antiseptic ligatures may combine the security of the ligature with the advantages of leaving no irritating body in the wound; but at present it seems as if it were the surgeon's wisdom to use the different means in the cases suitable for each, instead of aiming at the exclusive employment of any one method.

Aberdeen, March, 1867.

AN EXPLANATION OF THE CAUSE OF SCURVY AND THE ACTION OF THE DIFFERENT SO-CALLED ANTISCORBUTICS;

WITH SUGGESTIONS AS TO THE BEST MEANS OF PREVENTING THE DISORDER.

BY ARCHER FARR, L.R.C.P. EDIN., &c.

(*Concluded from page 425.*)

IT has been observed, by Dr. Barnes and others, that the period required to produce scurvy, under conditions favourable to its development, seldom exceeds eight, and is never less than six weeks; and when we consider this, it at once becomes obvious what good results might be expected from making the dietary scale of the seaman as liberal as possible during the first month of his voyage, by allowing him, as far as would be found practicable, a change of flesh food, and by so combining it that it should present as great variety as possible. The commencement of scurvy is aversion consequent upon the continued use of one kind of food. Man is essentially an omnivorous being, and naturally seeks a miscellaneous diet. He cannot tolerate cold mutton many days in succession, even when accompanied with a goodly supply of vegetables; and the greatest delicacy, if supplied for a continuance, becomes a contemptible dish with him. And if this be true, we cannot wonder at the stomach revolting at the continued use of salt meat and biscuit.

Again, bulk of food is most necessary to nutrition, digestion being carried on best when the stomach is moderately full. How ill-designed are salt meat and biscuit to fulfil this condition! Of those for whom these constitute the only food, the stomach is never full—seldom empty.

A much lighter and more digestible form of sea-biscuit is required, and best of all would be one containing bran.

Dried meat would be found of incalculable value on board ship, the advantage meat so prepared presents being that it may be served up in different ways, as roast or boiled, or in the form of curry, soup, &c., thus supplying that change of food which is so desirable both for the comfort and health of the individual.

And with regard to the supply of vegetable food for the sailor: potatoes, parsnips, onions, and artichokes may be so packed as to last a whole voyage, and, if served out to the crew twice a week only, with the dried meat as suggested, would suffice to prevent the occurrence of scurvy, and that in the absence of lime-juice. If lime-juice, when taken with salt meat and biscuit, will prevent scurvy, why should the sailor be compulsorily driven to subsist upon these alone?—taking the lime-juice not because it is agreeable to him, but in the same way and with the same object as he would take a dose of medicine.

Dr. Barnes has said that "scurvy may be prevalent in the forecastle, but it is never known in the cabin. If the captain and mates know how to preserve themselves, they know how to preserve their men."

In emigrant ships, to those who pay for their board such food is provided as would render an outbreak of scurvy impossible. Why, then, should the poor seaman be less cared for, on whose health and on whose willing hands the safety of the craft depends? That he should be fed on *worse* than prison fare while facing the storm and encountering the many dangers of the deep is a lasting scandal upon our shipping community.

Another striking picture Dr. Barnes gives, in his account of scurvy in the merchant service, is: "The plight in which the poor sailors are admitted to the *Dreadnought* is pitiable to witness. Disabled by hardship, semi-starvation, and ill-usage of every kind, they are cast out with the same indifference with which a worn-out block would be thrown overboard. The means of preventing scurvy are well known and easily adopted, and he who would withhold from the sailor those conditions which are necessary to life is just as culpable, and should be as amenable to the law, as the one who would seek to undermine the health of another by the administration of some deleterious substance."

To recapitulate then,—

1st. So long as the food of the sailor is so composed as to need the addition of lime-juice, scurvy can never be effectually prevented.

2nd. Lime-juice will always be necessary while salted meat is the only flesh food employed.

3rd. Salted meat as a cause of scurvy is not owing to its deficiency in the salts of potash or any other element.

4th. Lime-juice cures or prevents scurvy, not by virtue of its salts of potash, nor by exerting any direct influence upon the blood, but by serving as the agent by which the food becomes reduced and rendered fit for absorption, by taking the place of the gastric fluid.

5th. Green succulent vegetables, in the absence of lime-juice, are not indispensably necessary to the prevention of the disease.

6th. Change of flesh food is indispensably necessary to its prevention.

ON WINTER-CLIMATE SELECTION.

BY JOHN WYATT, ESQ.,

SURGEON-MAJOR, COLDSTREAM GUARDS, AND SURGEON TO THE NATIONAL RIFLE ASSOCIATION.

THERE is, perhaps, no subject which can present itself to the consulting physician or surgeon involving more anxious consideration than the choice of a suitable resort for pulmonary and other invalids unable to remain in the United Kingdom during the winter; but the information upon which reliance is often placed for guidance in the selection of the climate best suitable for particular cases has often, I fear, been based upon a very partial record of details, in consequence of which many invalids return home at the end of the winter in a worse condition than they would have been had they remained in England. Of this fact I have known many instances, especially from this coast.

It is so much the natural custom for authors on climate to write favourably of the particular locality abroad which they may happen to have themselves selected to reside in, that it can scarcely be a matter of surprise for some few adverse details not to appear too prominently, especially if the aggregate advantages are considerable.

A particular locality may be more or less healthy in a sanitary point of view—may be subject ordinarily to favourable atmospheric influences for a certain number of the winter months, and yet may be liable for a considerable period of the season to very pernicious influences, particularly during the spring months, which are liable to be designated, by those interested in the maintenance of its popularity as a health resort, as *very exceptional*; therefore I maintain that before any place can be considered as adapted for special diseased conditions, the ordinary atmospheric variations pertaining to each of the winter and spring months should be accurately known. Unfortunately there is a fashion in winter health-resorts as in doctors, and those places which once enjoyed a high reputation have now sunk almost into oblivion, to be succeeded by others, some of which have very little of real merit to recommend them, and are already on the wane.

It would be absurd to imagine that any particular drug could be applicable for the successful treatment of diseased conditions absolutely opposite in character; and yet this is precisely the reasoning which one would suppose was applied to the effects of treatment by climate. Hence the reason why so much dissatisfaction has often ensued, and a very unmerited unpopularity obtained by a particular resort to which invalids afflicted with all kinds of diseases and in every stage have been indiscriminately sent.

It has been my lot to pass some months on this coast during three different years, and I have endeavoured to record every circumstance connected more particularly with Cannes, especially with reference to the class of diseases which, in my humble judgment, are likely to be benefited, or the reverse, by a winter sojourn here. I consider that the prevailing climate of the whole of this south coast of France is very objectionable for pulmonary, rheumatic, and nervous ailments, especially during the early spring months—i. e., between the middle of February and the end of April; and this accords with the undeniable judgment of several medical practitioners with whom I have conversed on the subject, as well as with the experience of a great many friends of invalids who accompany them here.

The cold, chilly evenings and nights, with a blazing midday sun and parching mistral wind, represent a combination of prejudicial influences easily to be imagined; added to which, the extraordinarily sudden alternation of temperature in twelve hours, tends to produce an arrest of skin action and an increase of bronchial irritation scarcely to be appreciated, except by those who have experienced its pernicious effects. Indeed, I have too frequently witnessed the sad retrograde progress of many who were hopefully thinking of returning home in a better condition for their banishment, having derived considerable benefit from this climate during the earlier winter months, when the less variable temperature favoured skin action, and in consequence relieved the diseased internal organs. It may be urged with truth, that this proclivity to increased morbid action is more or less likely to occur at this time of the year elsewhere, and that the climate here has really been exceptionally prejudicial this season, but that, notwithstanding, it will bear a favourable comparison with other places. Yet this is no valid argument against selecting the most unexceptionable climate, which, during the entire six winter and spring months, is known to be liable, ordinarily, to the least amount of objectionable atmospheric variations; which certainly, I think, would not place any of the resorts on this coast very high in the scale of comparison: indeed, such a truly pernicious climate as we have endured at this place during the past five weeks can, unfortunately, be sadly corroborated by many who would gladly have decamped, if able so to do. It may be to some degree a confirmation of my impressions if I append an extract from a friend's letter dated March 19th, who has passed the winter at a villa in Mentone:—"The weather has been really dreadful, with smoky chimneys and the rain coming in; and the storms have left us without a flower anywhere, so that it is more like winter than it was earlier in the year."

I have no particular interest at present in the popularity of any one of these health-resorts, and my only object in writing is to set forth, for the information of invalids and their medical advisers in England, what has been the kind of influence existing here for a considerable period, and which, from past experience at this time of year, I declare not to be so very exceptional; and for those who must winter abroad on account of pulmonary, rheumatic, or nervous ailments, let them by all means avoid this coast after the middle of February, when, if their strength permits, they should move on to Pau or Archecon, where the spring months are milder and the winds less irritating. There can be no doubt that many invalids come on the continent as a fashion, and quite unnecessarily, except, *as they imagine*, to evade some of the more severe winter months in England. Unfortunately, a sea voyage, so beneficial in its effects upon the progress of several organic diseases, is often insupportable by many invalids, from the dread and discomfort of sickness; otherwise the island of Madeira would better maintain its well-earned reputation, where the March winds and chilly spring temperature are unknown. Perhaps of no health-resort have more remarkable instances of prolongation of life in advanced stages of chest disease been recorded and well authenticated; and the extraordinary equability of temperature there must always attest the value of its climate for such complaints. The objection to a sea voyage, although of shorter duration, applies equally to Algiers, which perhaps would come next to Madeira in relative climatic value for similar cases of disease. Although of course considerably inferior, and far more liable to disturbing causes, still I should consider it superior to any of the resorts on this coast, besides being such an interesting country to travel in.

Meteorological observations, accurately and regularly recorded, are, doubtless, valuable and interesting in a scientific point of view. But we now know that other considerations are more important; and to select a climate from the comparison of these published tables alone would be liable to disappoint the invalid. I once heard a very distinguished consulting physician, one of the leading members of our profession in London, say that he considered it was far more important to record in each year how many days during the winter and spring months it was possible for invalids, at any particular health-resort, to take out-door exercise, and abstain from fires in the house, except in the evening; these being considerations which would strike the eye and gladden the heart of many intending to migrate abroad.

I regret to say that records of these circumstances would give this place, for several weeks of late, a very unenviable notoriety. Though no doubt it possesses an agreeable and bracing climate during the earlier winter months, still, for the class of invalids which I consider likely to benefit by a sojourn on this coast, I would give the preference by far to either Hyères or San Remo.

Cannes, March 31st, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASE OF PULMONARY APOPLEXY, CAUSING GANGRENE OF THE LUNG AND PNEUMOTHORAX.

(Under the care of Dr. HABERSHON.)

THE case was that of a woman, aged forty, who was admitted on Feb. 10th for heart disease. She had never had rheumatic fever, but had had rheumatic pains. She had been liable to cough in the winter for some few years past. For four months she had been ill with shortness of breath and nocturnal irritability of bladder. On admission, her chief complaints were of weakness and shortness of breath. She had considerable ascites, and anasarca of the lower limbs. Her chest was resonant, but there was crepitation at the bases of both lungs. The heart's action was rapid and irregular, and occasionally accompanied with a systolic bruit at the apex, which at times, however, was absent. The urine was generally albuminous; its gravity about 1025. She expectorated rusty sputa, generally viscid, and often with a considerable quantity of blood. The insufficiency of her heart proved itself more and more plainly; but she sank slowly, and for several days before death her features were pinched and her surface cold, and she lay in a drowsy, rambling state.

On inspection of the body, Dr. Moxon found that the pleuræ were in a state of foul inflammation; the cavities containing a dirty turbid liquid to the amount of about a pint in each, and the surfaces coated with shaggy patches of discoloured lymph. The left pleural cavity further contained air in the shape of bubbles, forming a froth upon the liquid in the cavity. The quantity of air was not great; it was very fetid. The right pleural cavity did not contain any air. The cause of the presence of air in the left pleura was soon seen to be this, that a sloughing of the lung had occurred over the middle of the lower lobe posteriorly, so that the lung had broken down and the pleura with it, and a hole existed which would admit one's little finger. Further examination of the lungs proved that the sloughing of the lung was the result of pulmonary apoplexy. There were many apoplectic effusions of blood in both lungs,

showing all stages of the usual changes; but in three instances the inflammatory processes in the seats of hæmorrhage had gone on to gangrene. A large patch of pleura on the right lung was quite dead over one of these patches, so that perforation was imminent on that side also. The form of the heart was very characteristic of mitral obstruction, the left ventricle being very small, but the other cavities large, the left auricle especially so. The mitral valve was contracted to a singular degree, not being larger than a shirt button-hole. The left auricle was nearly filled by a large ante-mortem clot, which was loose in the cavity, and coated on all sides by a partially decolorised, friable, dryish layer. A similar but smaller clot had existed in the right auricle, but had become displaced, and had been the means of terminating the patient's sufferings. It had passed the tricuspid valve, turned round in the ventricle, and had gone on into the pulmonary artery, one end of it, that had fitted to the appendix, being bent down on the main mass, and there it was found distending the artery, and stopped by the bifurcation. The large, single, loose ante-mortem clots were so unusual that they were preserved for the museum. These clots are generally multiple, and often numerous, and are fixed in their places by being rooted between the columnæ carneæ, and this because they first arise in the comparatively stagnant recesses between these columns, and are then increased by the addition of layers to that surface which is exposed to the blood in the cavity. This fixation among the columns must be reckoned a fortunate circumstance, as preventing such a fatal embolism as had occurred in the present case. The other morbid conditions in the body consisted of embolic patches in the spleen and kidneys, with the usual indurated and congested state of the viscera.

The chief point of interest in this case lies in the state of the lungs. Dr. Moxon had found the same occurrence of gangrene of the lung from pulmonary apoplexy in a case of heart-disease a few weeks before this. The observation is not new. Dr. Addison used to teach that pulmonary apoplexy causes gangrene of the lung—indeed, he went so far as to say that the circumscribed gangrene of Laennec is commonly, if not uniformly, a mere effect or advanced stage of pulmonary apoplexy; but such circumscribed gangrene does certainly occur in lungs indurated by chronic pneumonia without any previous apoplexy. This, indeed, Dr. Moxon has several times found associated with visceral syphilis. Although Dr. Addison taught the doctrine, yet it is probably not generally known, at least no notice of it is generally taken in text-books. We certainly very rarely, if ever, hear of pneumothorax from such a cause. The accident would not be difficult to recognise if, after hæmoptysis in heart-disease, signs of the presence of air in the pleura were found, and the patient became collapsed. As to the cause of the sloughing, Dr. Moxon remarked on the constant association of more or less pneumonia with the apoplexy. Unless the blood be very recently effused, there is always inflammatory formation with it in the tissue. The air-cells do not bear the presence of blood, or perhaps rather the blood will not endure the exposure to air. It is in consequence of this pneumonia, and its extention to the pleura, that acute pleurisy is so frequently set up in heart-disease when the stage of pulmonary apoplexy is reached.

GREAT NORTHERN HOSPITAL.

NOTES OF A FEW CASES OF FRACTURED FEMUR TREATED BY THE METHOD OF EXTENSION BY MEANS OF WEIGHTS AND PULLEYS.

(Under the care of Mr. W. ADAMS.)

THE following cases, reported by Mr. Phil. D. Hopgood, house-surgeon, illustrate a method of treatment which is not unfrequently employed in the metropolitan hospitals, and appears to answer its purpose very well.

H. B——, aged thirty, a drayman, admitted into hospital on November 9th, with transverse fracture of right femur (middle), with much bruising of the soft parts and shortening to the extent of three inches, and fracture of tibia and fibula (lower third), from passage of the wheel of his van over both limbs. The leg was put up in the ordinary splints. The thigh was treated with Liston's long splint, and extension made by means of weights; the perineal band having been dispensed with on account of the pain it occasioned. A broad piece of adhesive plaster was carried up on either side of the limb to the seat of fracture, leaving a loop for attachment of footpiece and cord, to which was suspended a weight of fourteen pounds, playing over a pulley attached to the foot of the bed; and the long splint was applied in the usual way.

The fourteen-pound weight was used and borne well constantly till Dec. 2nd, when one of twelve pounds was used for a day or so; the first weight was then again employed till Dec. 8th, when it was lessened to one-half. No shortening and no pain. Limb doing well.

Dec. 23rd.—Seven-pound weight still used day and night. Good union between fragments. No shortening.

At the end of the fifth week the weight was discontinued, and a gutta-percha splint applied. No shortening.

In this case the weight proved invaluable, for the ordinary splint was obliged to be changed at the end of the second week on account of a large abscess which formed on the outside of the thigh, necessitating the use of an interrupted splint; and this was done with but little pain. The abscess was unconnected with the fracture.

The above-described method for treatment of fractured femur has been in use for nearly two years. Liston's long straight splint is preferred to the short thigh splints used by American surgeons, as keeping the thigh in more perfect apposition, and preventing the patient sitting up, which, though thought to be advantageous by Dr. Buck of New York, Mr. Adams thinks may disturb the fracture and produce shortening.

J. S——, aged fifty-eight, admitted on the 30th of January, with oblique fracture of the lower third of the femur, with shortening to the extent of two inches. Treated in a similar manner to the former case, with fourteen pounds constantly applied for four weeks. At the end of the fourth week the weight was changed for seven pounds. No shortening. At the end of six weeks all weight was discontinued, and a gutta-percha splint applied. Good union; no shortening.

W. M——, aged seven years and a half, admitted on the 4th of February with oblique fracture of the lower third of the femur; shortening to the extent of one inch. Treated with seven pounds weight for four weeks. No pain; no shortening. At the end of the sixth week a gutta-percha splint was applied.

MISCELLANEOUS CASES.

WITH this heading we propose to furnish from time to time a column which shall contain a brief reference to medical and surgical cases *under treatment at the moment* in various hospitals. Our aim will be to provide a sort of index to cases of disease, so that scientific workers in various directions may learn in what quarter they can see for themselves, or gather information respecting, a patient whose malady especially interests them. Registrars, house-physicians, and house-surgeons have it in their power to increase materially the utility of this column of reference with very little personal trouble; and we rely with confidence upon their help in a work intended particularly for the mutual convenience of those engaged in the study of disease as it is presented in the wards of our hospitals.

ST. BARTHOLOMEW'S HOSPITAL.

Antiseptic dressing. — In a case of chronic abscess of the arm in an old woman of eighty, Mr. Callender, after opening it, dressed the wound with Mr. Lister's antiseptic lac. We saw this removed eleven days after application, when the wound was found healed. The lac is spread on calico, and is applied by means of plaster strips. It is to be obtained at the Apothecaries' Company, Glasgow.

Erysipelas.—A melancholy sequel to operation is shown in the case of a woman aged thirty-seven, from whom, some weeks since, Mr. Paget dissected out a very large bursa patellæ. Erysipelas followed, invading the whole thigh; sloughing took place; sinuses appeared, and required slitting up; the result of all being that the patient now presents a huge gap some inches broad, extending from the knee nearly to the groin. The wound is healthy enough, but the woman is in a very low condition, in spite of careful nourishment and stimulation.

Wound of thigh.—A shoemaker, aged thirty-seven, had contrived to run his knife into the outside of the thigh, inflicting a severe wound, which bled profusely till pressure was applied. Six days afterwards it burst out again, and ten days subsequently fresh hæmorrhage took place, and he was admitted into the hospital. Mr. Callender opened up the wound, but failed to find any vessel requiring ligature. However, there has been no bleeding since, so it is probable that a partly divided artery got completely cut through during the operation, and has therefore ceased to bleed. The wound is now healing under a carbolic acid dressing.

Syphilitic phagedæna.—In a woman aged thirty-three, with extensive phagedænic ulceration over the patella (syphilitic history), Mr. Callender is applying resinous ointment, and using no specific treatment. The object is tentative, but the patient so far could not be doing better.

LONDON HOSPITAL.

Fracture of both patellæ.—A ship steward, under Mr. Curling's care, has both patellæ transversely fractured by muscular violence. There was at first considerable effusion into the joints. The inclined plane was adopted for a few days, and ice applied to the knees. Broad back-splints were then adapted to the extremities by strapping and bandages. The position of the fragments is highly satisfactory.

Skin disease.—Under the same surgeon's care is a man, aged sixty-four, with extensive disease of the skin of the right half of the head and face. Its nature is difficult to describe; and it is not easy to give a name to the affection, which suggests to different observers the idea of lupus, eczema, or serpiginous syphilis. It began, the man says, about twelve years ago by a speck, about the size of his nail, in his whisker, and gradually spread. The skin is deeply ulcerated, and the cartilage of the upper part of the ear is exposed. Since his admission he has had several attacks of erysipelas.

Wound of brachial artery, and division of median nerve.—A man, aged forty-nine, cut his right brachial, or perhaps rather its bifurcation, with broken glass. Mr. Ruttledge, the house-surgeon, tied three bleeding vessels. The median nerve was divided. Sensation is lost on the palmar aspect of the thumb and the two next fingers, and is dulled on the outside of the ring finger, but is good elsewhere.

UNIVERSITY COLLEGE HOSPITAL.

Carcinoma of omentum and lung.—Under Sir Wm. Jenner's care is a single woman, aged twenty-eight, who presents the following symptoms:—The belly is much enlarged, and through its walls are to be felt a large number of very hard nodules, easily movable. There is enlargement of the superficial veins on the trunk and extremities. There is dulness, bronchial breathing, and bronchophony in the right side of the chest. The arms are very œdematous, the swelling being limited rather abruptly about the insertion of the deltoids. The face also is œdematous, and the lips are purple. There has been apparently phlebitis in the arms. It would seem that there is carcinoma of the omentum, with secondary deposit in at least one lung.

KING'S COLLEGE HOSPITAL.

Syphilitic laryngitis; tracheotomy.—A man, aged twenty-seven, was admitted, under Dr. Duffin's care, on the 24th of March, with suffocative symptoms following a pustular eruption and scars on the forehead. On admission, inhalations of steam were employed; under which he improved at first, but at the end of four days his suffocative symptoms returned, and tracheotomy was performed. Breathing was immediately improved, and has since continued good. A convenient arrangement is being employed for supplying warm and moist air for respiration. Over the throat is placed a wooden box, at the bottom of which are introduced flannels wrung out of boiling water.

Rheumatic arthritis.—Under the same physician's care is a woman, aged forty-four, who came in on the 9th of February with rheumatic arthritis. The knees and ankles were chiefly affected on admission; but they have somewhat improved. There is now great enlargement of the wrists, elbows, and shoulders, which are very painful. There is none of the grating to be noted which is so often observed in the joints in such cases. The affection has existed for fourteen months, in attacks which have lasted from six to ten weeks, with intervals of comparative exemption for two or three months. Her temperature has varied from 99·2° to 100·2°, and her pulse has always been high. Whilst taking iodide of potash there were considerable variations of temperature. No crystals of uric acid have been found in her blood. A sister died of cardiac disease following acute rheumatism. She has taken sulphate of iron in five-grain doses, guaiacum, iodide of potash in ten-grain doses, cod-liver oil, quinine, and has used stimulating embrocations; but without appreciable relief. Hot-air baths made her worse. No remedy has apparently been of use to her.

Provincial Hospital Reports.

SOUTH DEVON HOSPITAL, PLYMOUTH.

OVARIAN DROPSY OF TWO YEARS' DURATION; OVARIOTOMY; RECOVERY.

(Under the care of Mr. WHIPPLE.)

THE house-surgeon, Mr. Francis Lovell, has obliged us with the following notes:—

Mrs. R——, aged twenty-nine, the mother of four healthy children, the youngest two years old. Her confinements have all been natural, and she has always been a healthy woman. The catamenia have been very irregular during the last year. Two years ago, after her last confinement, she first noticed an enlargement of her abdomen, on the right side. This gradually but steadily increased for the next eighteen months, until it became so large as to greatly hinder her getting about her house. She was then tapped, and eleven pints of dark-coloured fluid were evacuated. During the next two months she does not think her abdomen increased at all; but at the end of this time it began to swell again, and in six weeks became as large as it had been previous to the tapping. She was then, on January 2nd, admitted into the hospital, and was put upon a course of steel, and a generous diet. The catamenia, which had been absent for four months, reappeared a week after her admission. She measured thirty-seven inches round her abdomen, and suffered frequently from sickness, constipation, and pains in the lower extremities, &c. During this month her abdomen increased about four inches in circumference, and her distress accordingly.

Feb. 4th.—To-day she was put under the influence of chloroform, and ovariotomy was performed. Nearly the entire cyst was found firmly adherent to the adjacent parts, particularly to the omentum. These connexions were divided with the hot iron, and the operation was necessarily a very severe and long one. Three of these connecting bands had to be ligatured, as the cautery failed to arrest the hæmorrhage. The pedicle was about three inches long, or perhaps hardly so much. This was divided with the cautery and returned. She vomited several times during the operation, and the intestines were necessarily handled a good deal. The operation lasted an hour and twenty minutes, including the time for the chloroform. The wound was closed with silver-wire sutures, and a many-tailed bandage was applied round the abdomen. The cyst contained ten pints of dark-brown fluid, and, after the contents were all evacuated, weighed twenty-four ounces; its walls were very thick and hardened.—3 P.M.: She is very sick. Pulse 90. No pain in abdomen. To suck ice continually.—6 P.M.: Sickness continues. Pulse 96; very feeble. Skin warm and moist. She had two ounces of beef-tea, with five grains of quinine, thrown into the rectum just now, and this is to be continued every four hours.—11 P.M.: Still sick. Pulse 108; feeble. Half a pint of clear urine was drawn off at 7 P.M.

5th.—Passed a good night. No pain; skin clear and moist. Pulse 114; soft. Sickness is better.

6th.—Sickness continues. She has no pain, and looks calm and quiet; has passed her urine freely.

7th.—Still sick, and has had a free use of the bowels. Half a drachm of laudanum-and-starch enema thrown into the rectum, and this has quieted the bowels, and the sickness is better. Pulse 120. No pain. Urine freely secreted. Her stomach now bears milk and beef-tea.

11th.—During the last three days she has been pro-

gressing very favourably in every way; but last night she was very restless, the sickness returned, and her face is anxious and drawn. Pulse 135; somewhat sharp. Has had two very loose, offensive motions; abdomen tympanitic, but there is no great tenderness. There is a fulness at the lower part of the wound, which feels rather elastic, and is tender to the touch. Tongue red and glazy. A poultice to abdomen. She can keep down champagne and soda-water better than anything else, so she takes this freely and likes it.

12th.—This morning there was a free discharge of healthy pus from the lower part of the wound; the rest has healed. She looks and feels much better. Sickness has quite ceased. Pulse 128; fair power. Bowels have not again acted.

23rd.—Since last note she has steadily improved in every way. The wound continued to discharge for three or four days, but has now quite healed, and she has no tenderness over any part of her abdomen. She is out of bed now, takes her food well, and is quite convalescent.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

A good practical paper "On the Syphilitic Affections of the Throat," using that term in a wide sense, was read by Dr. Morell Mackenzie on Monday evening. The author, in fact, broke a great deal of new ground in the account he gave of his laryngoscopic explorations. The venereal affections of the trachea and larynx had, up to the introduction of the laryngoscope, been examined post mortem; but during life they had been clinically unobserved, though not uncared for. The laryngoscope, of course, now places the practitioner at an immense advantage, in that it enables him not only to examine and to watch, but also to have the freest access to the diseased surfaces that were formerly out of his reach, and to apply remedies thereto which check the progress, and remove the effects of disease, be they slight or serious. The advantage of laryngoscopy was well exemplified from an examination of a series of highly finished drawings and morbid specimens handed round the room for the Fellows' inspection. Dr. Mackenzie described in detail the various kinds of secondary and tertiary diseases seen in the larynx and pharynx. He stated that the erythematous forms of inflammation often underwent spontaneous cure. Deep ulceration in the larynx he had found to be rare; and patients in whom such did occur were often tuberculous. Mucous tubercles in the larynx were not frequent, and not recurrent; in the pharynx they were more prone to undergo ulceration. The author pronounced himself, in regard to secondary syphilitic affections of the throat, a "non-mercurialist," trusting, as he did, to inhalations of creasote, to lotions of perchloride of iron, and the application of tincture of iodine especially. Syphilitic nodules were often found in the larynx, and bore some resemblance to phthisical disease; but in the latter case deposits had a greater tendency to soften and to ulcerate, and there was more discharge. Gummy tumours of the parts about the throat were particularly mentioned as preceding deep and extensive ulceration, erosion of the cartilages, and secondary œdema. In this and other forms of tertiary disease, Dr. Mackenzie gives largish doses of iodide of potassium only. Paralysis of the muscles about the larynx, deformity from cicatrisation, myositis, neuritis, and also gummy tumours at the base of the tongue, were noticed in detail, and a case of primary perichondritis was related. Difficulties of diagnosis arise when the seat of disease is in the larynx. Here syphilis, phthisis, and cancer might be confounded. In syphilis, ulceration is extensive perhaps, but there is not much thickening, and the epiglottis is the chief seat of disease. In laryngeal phthisis there is uniform thickening always preceding ulceration, and the cartilages of Wrisberg and Santorini are primarily affected. In cancer there is great irregularity, with much deposit, and the relative position of parts is altered. The disease attacks the neighbourhood of the arytenoid cartilages, and the posterior wall of the pharynx is affected. The general symptoms in each case, the temperature, the state of the lungs, the cachexia, and various co-existences, aid, of course, materially in diagnosis. It should be noticed, perhaps, in addition, that Dr. Mackenzie gives the iodide of potassium with large quantities of water, and continues it for some time after the healing of the ulcers. He cleans the latter very thoroughly before using his caustic or astringent remedies.

Mr. H. Lee, Mr. de Méric, Dr. Tilbury Fox, and others, took part in the discussion, which was complimentary to the author of the paper, though the three speakers named differed from him specially in regard to the use of mercury in secondary syphilitic affections.

THE WEST KENT MEDICO-CHIRURGICAL SOCIETY.

The seventh general meeting of the session of the West Kent Medico-Chirurgical Society was held on Friday, the 9th inst., at the Royal Kent Dispensary, Dr. J. C. Thorowgood, President, in the chair.

Mr. Thomas Bryant read a paper "On Suppurating Joints." He said that disease of the joints may commence in the bony or cartilaginous portions, and rarely takes its origin in the ligaments, towards their attachments. He then briefly discussed the pathology of joint disease in general, and read numerous cases of suppurating joints, including the hip, knee, ankle, shoulder, and elbow joints, which had been treated by free incisions, with the best results; in some cases there being good movement, and in others firm anchylosis.

A discussion followed, in which Mr. Lockhart, Dr. Purvis, Dr. Ralph Gooding, and Dr. Thorowgood took part; and a vote of thanks having been unanimously accorded to Mr. Bryant for his excellent paper, the Society adjourned.

Dr. Thorowgood showed a pipe, invented by Mr. Bird, for inhaling ether, chloroform, &c.

PRESTON MEDICAL SOCIETY.

The first monthly meeting of this Society was held on Tuesday, February 6th. There was a large attendance of members. Dr. Haldan, the president (in the chair), in a short address, dwelt upon the advantages of union, and interchange of professional experience. He congratulated the Society on the hearty unanimity of their proceedings up to the present time, and assured the Society of his cordial co-operation in everything for the good of the profession.

Drs. Moore and Gilbertson read interesting reports on two cases of hydrophobia which have occurred in Preston during the past few months. Both proved fatal. The symptoms in Dr. Moore's case developed themselves 72 days after the bite, and in Dr. Gilbertson's in 67 days. Dr. Moore's case lived nearly 5 days from the first symptoms of the disease; Dr. Gilbertson's, 63 hours.

Dr. Hammond briefly mentioned a case of pneumothorax of the right side of the chest, terminating fatally in 36 hours, occurring in a case of general tuberculosis. Post-mortem examination showed the lung on the left side to be infiltrated with tubercle, the pleuræ firmly adherent; on the right side the lung was nearly healthy, but pushed up to the upper and back part of the chest.

Dr. Smith related an extraordinary case of recovery after rupture of abdomen walls, with protrusion of the bowels, in an elderly woman, who had seven years before been operated on for ovarian tumour by Mr. Spencer Wells. The rent occurred in the old cicatrix. At some future meeting, further particulars will be given of this remarkable case.

The first and final examinations at Cambridge for the degree of M.B. will commence on the 31st of May, at 9 A.M. The second examination for the M.D., and the examination for the M.S., will begin on the 7th of June, at 9 A.M. Candidates must signify their intention of presenting themselves for examination on or before the 17th of May.

At the meeting last week of the Bromsgrove Board of Guardians, it was stated that scarlet fever and measles were very prevalent at Sidemoor and Catshill: information of this fact was directed to be sent to the Local Board of Health.

Reviews and Notices of Books.

Analysis of the Phenomena of the Human Mind. By JAMES MILL. A New Edition, with Notes Illustrative and Critical by ALEXANDER BAIN, ANDREW FINDLATER, and GEORGE GROTE. Edited, with additional Notes, by JOHN STUART MILL. 2 vols. London: Longmans. 1869.

IT is rare indeed for any book to be presented to the world so many years after its original publication with such an attestation of its intrinsic value as the names on the title-page of the work before us afford. The notes of the several commentators, in fact, constitute an exceedingly important and instructive addition to Mr. Mill's treatise, not only as serving to indicate the progress that has taken place in this special department of knowledge during the last forty years, but also as giving the views of men themselves distinguished for investigations of the same nature on points left open or inadequately discussed by the author.

In a well-written preface, Mr. J. Stuart Mill speaks feelingly and affectionately of his father's abilities and knowledge, and points out that the principal feature of the work is the full appreciation of the importance of the doctrine of the association of ideas, as furnishing an explanation of all the more complex phenomena of the mind. This doctrine—held, though imperfectly expressed, by Aristotle and Hobbes and Locke—was first clearly perceived and enunciated by Dr. Hartley in his "Observations on Man," published in the early part of the last century, and, receiving important support and extension in the present treatise of Mr. Mill, constitutes the foundation of that theory of psychology which has been so largely developed by Bain and Herbert Spencer, and which, in spite of considerable opposition, seems to be now established on an extremely firm basis.

The first part of Mr. Mill's Analysis is occupied with a clear exposition of the nature of Sensation, Ideas, and Trains of Ideas. Sensation he considers to be the feeling existing when the objects of sense is present. Ideas he regards as the feeling existing after the object has ceased to be present, or, in other words, as the copy of the original sensation; and lastly, trains of ideas he describes as consisting of ideas called up in association with one another, the order of the association being modified in different persons and under different circumstances in the same person by the mode in which the ideas were originally caused, or have subsequently come to be related to one another, so that separate and peculiar trains are characteristic of the mind of the lawyer, the poet, the merchant, and the divine. Into these simple elements he resolves, in the later portions of his work, all those complex operations of the mind included under the heads of memory, belief, ratiocination, evidence, imagination, &c. In a review of a book so widely known as this it is unnecessary to refer at any length to the general style; but it may be remarked that it is singularly lucid and intelligible, and proceeds so gradually from the simple to the more difficult phenomena of the mind, that every step can be followed even by those who are little accustomed to abstract reasoning. In some of the chapters, indeed, as that on Naming, where it is shown that letters combined into words are an expedient adapted for recovering a train of thought, the conclusion is forced upon one almost with the suddenness of a stroke of wit.

The majority of the notes are by Mr. J. S. Mill and Mr. Bain; the latter of whom in many places, as in reference to the general doctrine of the association of ideas, motion, emotion, the moral sense, and the will, materially extends and developes the statements of the author. The observations of Mr. Findlater, who is well known as the editor of Chambers's excellent Encyclopædia, are chiefly directed to the rectification of philological errors into which Mr. Mill fell, apparently from trusting too implicitly to the imperfect knowledge of Horne Tooke. The comments of Mr. Grote, the historian of Greece, show the true bearing of the Aristotelian philosophy on time, number, and other speculations of the Stagyrite, which Mr. Mill had in part at least taken at second hand from Harris, who has not in all instances grasped their true import. Looking at the whole work from a strictly professional point of view, it appears to us that its principal defect, notwithstanding the valuable observations of Mr. Bain, is the absence of sufficient reference to anatomical and physiological facts. Thus we are by no means sure that one of Mr. Mill's fundamental axioms, which he repeats over and over again, that feeling a sensation and knowing a sensation are one and the same thing, might not be disputed. Take, for instance, a fowl with the cerebral hemispheres shaved off. Such an animal perceives and will follow a light with its eyes; will open the eyelids on the occurrence of a loud sound, &c. But we doubt whether it knows it has these sensations. The movements observed are as purely reflex as those which occur in the legs of a man, whose spinal cord has been crushed, when his soles are tickled. At all events some notice might be taken of this and other difficulties, since all evidence seems to show that there is an anatomical and physiological basis on which all psychological inquiry and advance must be built. We must acknowledge, however, that Mr. Mill pays more attention than any preceding writer to muscular sensibility.

It is, perhaps, a matter of regret that the opportunities for prosecuting the study of psychology are so few, considering how much such information is required in the practice of our profession. However, in the absence of systematic instruction, we can only commend the analysis to our readers as one of the best, if not the best, of the works on psychology extant; and trust that our younger readers will peruse it with the care and attention it deserves.

The Pharmacopœias of the London Hospitals. By PETER SQUIRE, F.L.S., Chemist in Ordinary to H.M. the Queen and H.R.H. the Prince of Wales, Member of the British Pharmacopœia Committee of the Medical Council, late President of the Pharmaceutical Society. Second Edition. London: John Churchill and Sons. 1869.

MR. SQUIRE, with his customary energy in promoting the convenience and advantage of the profession, has carefully collated the Pharmacopœias of all the leading London hospitals. We were able to speak in very favourable terms of the first edition of his very useful little book. Since its publication, he tells us, all the London hospitals, except two, have published new Pharmacopœias, and the second edition of his work contains a collection of formulæ employed in seventeen London hospitals. These have been revised with great care by the physicians and surgeons of each hospital. The arrangement of the materials is excellent. The preparations are placed alphabetically in their Latin names, and the formulæ of different hospitals are brought together for easy comparison. When a practitioner desires to employ any agent in any shape, internally or externally, he can readily select the formula best suited for his purpose, with the fullest assurance as to the dose and menstruum. At the end of the book there is a short appendix, containing a collection of diet tables from the metropolitan hospitals. Altogether it may be said that the information in this little work will prove alike useful to the busy practitioner and in country hospitals and dispensaries. We can heartily commend it to our readers' attention. Mr. Squire deserves the thanks of the profession for having epitomised so much information, and made it available to their hands. The following

quotation, taken at haphazard, will serve to indicate the character of the book:—

"MISTURA BISMUTHI.

"Carbonate of bismuth, 9 grs.; carbonate of magnesia, 9 grs.; compound tragacanth powder, 18 grs.; water, 1 oz.—*University.*

"Nitrate of bismuth, 10 grs.; bicarbonate of soda, 10 grs.; powdered calumba, 10 grs.; mucilage, 1 drm.; peppermint-water, 1 oz.—*St. Thomas's.*

"Subnitrate of bismuth, 5 grs.; mucilage of tragacanth, 1 oz.—*Chest.*

"Subnitrate of bismuth, 10 grs.; bicarbonate of soda, 10 grs.; compound tragacanth powder, 15 grs.; water, 1 oz.—*Charing-cross.*

"White bismuth, 5 grs.; carbonate of magnesia, 10 grs.; mucilage of tragacanth, 30 minims; dill-water to 1 oz.—*King's.*"

Die Intraocularen Geschwülste. Von Dr. H. KNAPP. 8vo, pp. 238. Carlsruhe: C. F. Müller. 1868.
Intraocular Tumours. By Dr. H. KNAPP.

IN this volume, Professor Knapp's last contribution to ophthalmic surgery before he left Heidelberg for America, we have an interesting collection of cases of intraocular tumours observed by himself, with full accounts of the symptoms, of the appearances presented by enucleated eyes, and of the post-mortem changes when death took place. The book is beautifully illustrated by one plate in colours and fifteen in ordinary lithography. It is excellently printed on good paper; and is altogether a very favourable specimen of German publishing.

In the introduction, Professor Knapp dwells upon the special advantages afforded by the eye for the attainment of data towards the solution of the question whether cancer is originally a local or a constitutional disease; but his own facts do not of themselves contribute much towards this object. He records seven cases of glioma retinæ, or rather six, since one of them is only an account of the dissection of an eye the history of which was unknown. All six terminated fatally by return of the disease; but in all enucleation of the eyeball seems to have been long, and in some unaccountably, delayed. The cases are therefore of little value, except for the very careful and minute examination of the origin, structure, and connexions of each morbid growth; an examination that must for some time be taken as a standard of knowledge on the subject.

The second part of the work is devoted to sarcoma of the choroid; and eight cases are recorded, of which five were melanotic. In four of these death was produced after enucleation by the same disease attacking internal organs; but in all of these the eye had been affected for a long time, in one patient for seven years, before it was removed. In these cases, and in the three in which a cure was obtained, the microscopic characters of the growths are carefully drawn and fully described; and herein, again, will be found the chief value of the book. It gives an admirable account of varieties of disease that have returned and destroyed life; and will much facilitate the forming a decision about any specimen of doubtful character that has been early removed. There can be no doubt that the present direction of surgical work with regard to intraocular tumours should be to test their powers of return after early enucleation, in which, too, the optic nerve should be divided, as advised by Von Graefe, at the very apex of the orbit. We have known all along that the late removal of malignant tumours of the eye was generally useless; and it remains to be seen whether, in the same class of cases, better results can be obtained by greater promptitude. To all who have opportunities of treating such tumours Professor Knapp's book will be most valuable.

THE

SICK POOR OF PARIS.

By BLANCHARD JERROLD.

No. III.

HOSPITAL ADMISSIONS AND DISMISSALS.

Two incidents have been lately described in the Paris papers which dispose of the popular idea that the hospital ward is as open to all as the highway. There are difficulties; for we have the story of a poor sick *concierge* carried half round Paris from hospital to hospital, and finally borne back to the miserable home in despair. The sick *concierge* had one advantage over the sick London pauper however; he was carried in a comfortable litter, for litters are always held in readiness in the Maisons de Secours. When a poor sick person is to be removed from home to the hospital, men from the Maison de Secours of his quarter repair to the sick bed, and effect the removal upon a decently tented litter; so that if the case be a grave one, and the least disturbance of the patient to be avoided, he is not distressed in the least. Bed and patient are borne away together. Strangers in Paris must have often observed melancholy processions of poor relatives following a litter carried by two hospital, or Assistance men, threading their way along the crowded boulevards, or through the narrow streets that only a few years ago led to the Hôtel Dieu. Sometimes sisters of charity—skilled, zealous nurses of the poor—are in the wake of the litter.

I have described the out-door sick relief. Let me now touch upon the new regulations which M. Husson issued in April, 1867, for the admission of patients to the Paris hospitals, and for their discharge. In his address to the governors of the hospitals the Director recounts how he has been often under the necessity of dwelling on the precautions which are requisite in the admission and discharge of patients; and one or two recent incidents of improper rejection of applicants prove that either the regulations are not perfect yet, or that they are misunderstood.

The basis of all the laws for the admission of patients to French hospitals is contained in a ministerial circular which was issued as far back as June 31st, 1840. By the terms of this circular, the administrator on duty is responsible for the admission of poor patients, "guiding himself as far as possible by the advice of the doctor on duty." The director of the Assistance, and his representative directors located in the hospitals, are responsible for the admission of patients. The doctors are advisers simply. Urgent cases are under a special law, the hospitals being divided into general and special establishments. The directors are bound to take care that even the urgent cases are remitted to their proper hospital. Patients who apply for admission to an hospital must, when their case is not urgent, direct their application to the central office of the Assistance. If the case of an applicant be such that his admission to some establishment is urgent, and there is no room in his proper hospital, he is sent to the nearest establishment, provided always that his transfer and the necessary delay in treatment will not prejudice his case. When the urgency of the case is evident, and the patient requires immediate treatment, and has been sent from a first hospital for want of room in it, he can on no account be refused at the second. The authorities are bound, at any inconvenience, to provide a bed and attendance for him. In cases of accidents, the hospital must provide for the immediate relief of the case presented, whatever its condition may be. Beds must be rigged up in any corner if all the wards be full. They are over-full sometimes. At the Lariboisière a few days ago I

noticed one ward with supplementary beds packed close together. In short, I repeat, the accident cases must be admitted to the nearest hospital, whether it be a general or special establishment, or whether the sufferer be old or young. As the law says, regulations and classifications disappear before the unfortunate exigencies of humanity. Before 1856, the commissaries of police often threw the administrators of an hospital into confusion by sending sick persons, or persons feigning sickness, with orders that they should be instantly admitted. In this way the regulations of the Assistance were broken through, and very often decrepid men and women or false invalids—cases for the Hospice or the Depôt de Mendicité—were foisted upon the hospital authorities. A circular of the prefect of police put an end to this conflict of authority in Oct. 1856, and thenceforth the cases sent to the hospital by the police were subjected, like any others, to the regulations of the Assistance. In the case of old or decrepid people, the hospital authorities are bound to direct the friends of the sufferer in the forms necessary to his admission to the asylum open to his case. The function of the police commissary, when he knows that there is a case of dire distress or sickness in his quarter, is to report it to the director of the Assistance, that it may be at once attended to. In consequence of this harmonious action of the police with the Assistance authorities, it is impossible that cases of death upon bare boards, or from neglect of parish officers, should occur in Paris. When I asked M. Husson whether death from starvation or death from medical or Assistance neglect were possible within his jurisdiction, he answered that it could occur only through the neglect, the almost inconceivable neglect, of friends and neighbours. Any person taken ill in the street must be admitted, if the case requires it, to a bed in an hospital, and the police are bound to carry the stricken person thither.

In his new circular, M. Husson draws the special attention of hospital doctors and administrators to the strict line of duty which they are bound to observe in all cases of illness in the public streets, or of accidents. He warns them by two cases which had lately occurred. Two men were conveyed by the police to two hospitals, and were both examined and rejected. One died almost immediately afterwards in a guard-house, and the other on his way to another hospital. M. Husson, while admitting that in each case the strict form of an examination had been complied with, suggests, and suggests as a warning for the future, that a sufficiently careful and complete diagnosis had not been made. And he requests that in similarly urgent cases the hospital authorities should be a little more patient, and keep the case, if only for a few hours, to watch it. "If," he says, humanely, "there should be no vacant bed in the hospital, put the sufferer in one of the consultation rooms for the moment." And here I find again evidence of that general spirit of kindness which tempers every department and every establishment of the Assistance—a spirit which seems to be exactly in unison with that which shone through all the enlightened efforts, for the consolation and reclamation of the poor, made by the late Count Rumford. In his essay on "Fundamental Principles of Establishments for the Poor," he observes, that it appears "no body of laws, however wisely framed, can, in any country, effectually provide for the relief of the poor without the voluntary assistance of individuals; for though taxes may be levied by authority of the laws, for the support of the poor, as well to reclaim the vicious as to comfort and encourage the despondent, those demonstrations of concern which are always so great a consolation to persons in distress cannot be *commanded by force*. On the contrary, every attempt to use *force*, in such cases, seldom fails to produce consequences directly contrary to those intended." The Count insists throughout that effectual relief for the distresses of the poor, and the sovereign remedy for the numerous evils to society which arise from the prevalence of mendicity, indolence, poverty, and misery, among the lower classes; must be derived from the charitable and voluntary exertions of individuals. And these must be educated—of pure morals and of tender heart. But this theme is foreign to my present purpose; or I might show how, while we in England have utterly failed in reclaiming the tramp and the mendicant, because of the bad spirit of our laws on vagabondage, and of the hostile and cruel temper in which an exclusive society has dealt with those who are unfortunate rather than vicious, or at worst are only vicious because they have been unfortunate,—the kindlier, and at the same time the more rational, code which sways mendicancy in France has almost as effectually cleared its streets and roads from hereditary vagabonds as Count Rumford swept the streets of Munich some seventy years ago. But before such a change shall come in England, a political reform that will advance men who know the poor to the government of the poor remains to be brought about.

A special rule is framed for the treatment of the epileptic and consumptive. The hospital administrator is directed, in the case of an epileptic fit, to receive the patient with the greatest care, to place him in a convenient room, and put a nurse to watch over him; and, under no pretext, to let him leave the hospital before he has so far recovered as to be able to reach his home in safety. Consumptive patients are admitted to the hospital only so long as there is hope that medical treatment may be efficacious; but the ordinary cases are treated by the Assistance doctors in the patient's own home. Should a poor creature in the last stage of consumption, without proper food or fuel or lodging, be presented at the hospital gates, the authorities are bound to throw them open; for, where there is no hope of recovery, remains the Christian duty; and a bed must be found and everything afforded that can give ease to the last moments of the sufferer.

The case of a sick man from the country, who applies at a Paris hospital, is specially provided for. The case is often that of an individual who has travelled purposely from his own province to the capital, to throw himself as a charge upon the Paris Assistance. If he is really sick and requires medical treatment, he is admitted; while the police adopt measures to have him returned to the department and commune to which he belongs. It has been found necessary to oppose with rigour the tendency of country patients to get to the Paris hospitals, since these hospitals are constructed to supply beds only to the sick poor resident in the capital. The same remark applies to the asylums, and to the aged and infirm. In special cases, where it is deemed necessary by the departmental or communal authorities to send a patient to Paris, the authorities of his locality are bound to defray the cost of his carriage and the cost of the Paris hospital bed; the latter being about two francs per diem. The patient himself is liable to defray this expense when he is able.

The new regulation, with regard to strangers within the gates of Paris, is dictated in terms that do honour to that administrator whose heart and head are alike admirable. When a stranger falls ill in Paris, and the illness is serious, requiring immediate or prolonged treatment, M. Husson requires that they should be admitted to hospital comforts in conformity with the law of the 7th of August, 1851. The usual course is to communicate with the representative of their nation—with their ambassador or consul,—who is requested to discharge the very moderate hospital fees. But when the case is an exceptional one, or of particular interest from a scientific point of view; or, again, when the

predicament of the patient is one specially worthy of sympathy, the Assistance accords an unconditional admission. M. Husson remarks, proudly: "The hospitals of Paris have always willingly paid a heavy tribute to science and to humanity by receiving and treating at great cost patients who had claims elsewhere, and none upon them; and they will never abandon this mission, although it entails an important annual sacrifice."

Remark, I pray, with how much care the director provides against anything like unpleasant or hostile meetings between police agents and hospital porters or doorkeepers. These functionaries are directed to receive every application from police commissaries with politeness—with "*une bonne volonté marquée.*" In cases of controversy as to the admissibility of the patient presented after the preliminary examination by the house-student on service, the administrator can still admit the case, and afford any temporary relief he may deem necessary, even when the house-surgeon refuses to certify for it.

The foregoing are the regulations for the admission of patients to the Paris hospitals. Let us now glance at the regulations which govern the discharge of patients, or their transfer to asylums. Of course the mass of patients are simply discharged on a certificate of convalescence signed by the physician or surgeon on duty. But there is a very important and at the same time troublesome class of patients—namely, the infirm: those poor creatures who are incapacitated by chronic disease, or crippled. These are the patients, these and the aged, for whom the Salpétrière (for women) and the Bicêtre (for men)—the Incurables Hommes and the Incurables Femmes—are destined. The comfort of these retreats for the poor, aged, and infirm is naturally much coveted; and, as naturally, intrigues are set up to obtain admission. Infirm people will gain admission to an hospital, by a clandestine procedure, for the cure of some passing ailment. Once in the hospital, it seems they will go the length of giving up their room and selling their furniture, even by the agency of their own children who are capable of supporting them, so that they may appear to be homeless as well as helpless; and so, on their recovery from their passing ailment, get admission to an asylum over the heads of more deserving applicants. The Assistance authorities have done their utmost to confound the authors of these little plots. A careful inquiry is made into the position of the relatives of the infirm patient who has been, or is about to be, discharged from the hospital. When the relatives are able to support their infirm member, they are requested to do so. Should they refuse, the poor creature is still dismissed from the hospital. The hospital administrator is ordered to have the discharged patient conveyed home, accompanied by an hospital servant or nurse chosen for the purpose on account of his or her conciliatory manners and tact. Should the relatives peremptorily refuse to receive the patient, and be deaf to the remonstrance of the hospital attendant, the outcast is carried back; for the new instructions include this sentence:—"Under no circumstances whatever, the ingratitude of children, nor the indifference of kindred, may an infirm person be abandoned at his closed door, or even that of his own children, who owe him protection. Impress this fundamental rule on your agents." The police as well as the hospital authorities insist on the reception of the infirm patient at his home, and at the same time the Assistance authorities make the minutest inquiries into the circumstances of the family; and they hasten the infirm member's admission to an asylum, where the burden of his maintenance at home appears to be intolerable.

The hospital administrator is requested to pay special attention to consumptive patients. They are not to be got rid of hastily to make room for other patients; and when they are approaching their end, or their weakness is so great that it can be best assuaged at the hospital, they may on no account be moved. These general regulations are addressed by the director of the Assistance Publique to the heads of the Paris hospitals in a circular, which these heads are instructed to submit to the entire hospital *personnel*, so that the servants of all degrees may act harmoniously in the spirit of them; and the director adds that he will be always at hand and watchful to see that they are thoroughly carried out.

New Inventions.

MULLAR'S EYE-SHADE.

WE have pleasure in calling attention to an ingenious eye-shade, invented by Mr. Mullar, and shown in the annexed diagram.

The screen before the eyes is fastened to a light metal frame, and can be fixed at any desired inclination, while it is nowhere in actual contact with the skin, and is therefore less heating than the eye-shades in common use. It may be obtained of any instrument-maker or optician.

STOCKMANN'S HOSPITAL MARQUÉE.

WE have recently had an opportunity of inspecting a model, on the scale of 1 to 10, of a sick tent or marquée, at Mr. Van Abbott's, Princes-street, Cavendish-square. Its construction consists of a double canvas tent, supported on a skeleton of iron tubular rods, and fixed with cords and straps. The large rods down the centre are three in number, and flanged at the extremities nearest the ground; the walls have seven smaller rods on each side. The double roof of the marquée is so made that when erected, a considerable interval exists between the outer and inner canvas, which is available for ventilation; and a cross-system of ventilation may be obtained by raising the inner canvas at intervals down the sides of the tent. Louvred apertures of an ordinary kind exist at the roofing. The walls appear firm and tense, and their lower edges are protected by a lining of vulcanised india-rubber. The two extremities of the tent have each a compartment separated from the interior by canvas curtains. This tent is said to have met with great approval in the Prussian army during the campaigns in Bohemia and Moravia. It certainly appears very firm and strong. The construction is said to weigh about a ton, to be capable of being readily packed and put up for use, and it costs at the rate of £3 per bed. A marquée of this kind would be a useful appendage during warm weather to an hospital of solid construction, and it might be readily made available as a cottage hospital during the summer months. It appears to us of a somewhat complex nature for the purposes of actual warfare, and to be liable to get broken, or to have its different portions separated, during active service in the field, if at a great distance from the base of operations.

THE LANCET.

LONDON: SATURDAY, APRIL 17, 1869.

WE have lately advocated a transference of the administration of medical relief from the hands of authorities acting under the Poor-law to those of a department of Public Health, in which guardians would cease from troubling, and under which doctors might be at rest. Such a change would in all respects be most salutary, and is, we believe, inevitable. But although in these times we live fast, and although the dreams of yesterday may be the accomplished facts of to-morrow, still there will probably be a long period of waiting before this particular dream approaches its fulfilment. In the meanwhile is there any reason why the parish doctor should have no share in the intended reforms of the Poor-law system as it is, or why his hard lot should not participate in the various ameliorations likely to fall to that of the pauper? We beg leave to call the attention of Mr. GOSCHEN to this portion of the work that is, really or nominally, under his control, and to ask that he will seriously consider the results, not to the poor alone, not to the doctors alone, but *to the public*, that must necessarily follow from the existing condition of things. No statesman, and, *a fortiori*, no mere politician who fancies himself a statesman, has hitherto appeared to take a grasp of the vast importance of any means by which the sick labourer or artisan can be seized upon at the beginning of illness, and cured thoroughly and expeditiously. Those who are conversant with the lives of the poor know that neglected sickness is the ordinary beginning of pauperism; and undeniable facts have lately shown that promptitude and liberality in the administration of medical relief, although costly as far as this relief is itself concerned, are effectual means of saving as regards the aggregate cost of relief of all kinds. In spite of this knowledge the State still allows the poor to lie helplessly and hopelessly among the causes that engender disease, and when these causes have done their work still allows them to be attended by a practitioner who receives, sometimes, as little as three-halfpence a case for his efforts in their behalf and for the medicine with which he supplies them. It is needless for us to repeat in detail this often-told tale. Our readers know already, many of them from personal experience, the motives that lead men to undertake the thankless work and to accept the unremunerative pittance of a parish doctor. They know that these motives must often be insufficient to insure that the work shall be well done. Some men will do it well, others carelessly and badly. Some men will give proper medicines, others will have half a dozen ready-made mixtures, compounded from cheap materials, and ready for all applicants. The fact is, that the character of the superintending bodies, and the scale of payments, have so lowered the office of parish doctor in the estimation of the public, and even in the estimation of the very men who hold it, that the medical treatment of the poor is hardly regarded as entailing the grave responsibility that it does. A board of guardians is permitted to assign to a doctor more work than it is possible for him to do, and a payment too small to cover the actual outlay of an attempt to do it properly. Then if GILES dies before the doctor visits him, or if REUBEN gets Epsom salts when he is needing quinine, the unfortunate doctor receives an official wigging. But he is wigged by an official who has his tongue in his cheek, and who can hardly maintain an appearance of gravity during the process. The outside world say only, "What can you expect for the money?" and genuine absolute condemnation is found nowhere, except possibly amongst the favourite female patients of a rival practitioner. They turn up their eyes, and say that it was "very wrong of Mr. Squills." Impartial people say that an unremunerative contract contains an implied sanction of bad work; that the resulting accidents are matters of average, and that the authorities who fix the terms are far more to blame than the contractor who accepts them. And, indeed, there can be no greater testimony to the high moral tone of our profession than the rarity of the "accidents" thus arising, and the general excellence of the work that is done. But the State must not spur the willing horse too much. We hardly dare ask for the sanitary legislation that would destroy one half, at least, of the parish doctor's work. Sanitary legislation would excite the hostility of little shopkeepers, who wield vast political influence, and would be manfully opposed by publicans and beer-shop keepers, through whose agency brewers divide with railway directors the government of the country. Under the accepted theory that our nominal rulers should be led instead of leading, and that their art consists in governing down to the ignorance and the prejudices of the lowest of the people, we must still anticipate our annual sacrifice of thousands at the shrine of zymotic disease—the Moloch to which commercial England offers up her children. But, if we are to drive a bargain, it is surely better that we should cease to cheat ourselves by driving one that is impracticably hard. Pauper sickness is incredibly costly to the nation. We do not choose to prevent it; but, this being so, we shall save our pockets by trying to cure it. As long as our agency to this end is only a human one, as long as our agent is under the authority of a body constituted and selected after the manner of an average board of guardians, and as long as advantage is meanly taken of professional competition to obtain his services by an inadequate payment, so long, in the aggregate, will his work be imperfectly done, not only with necessary imperfection, but as judged by a reasonable and attainable standard. If the present President of the Poor-law Board wishes to signalise his period of office by a useful and important reform, he can do no better work, and none which would be more thoroughly and speedily repaid, than completely to reorganise the arrangements for medical relief. The medical officers ask only for the barest justice; but it would be sound economy to give them encouragement, and to show them favour.

THERE are not a few practitioners who, feeling at the outset of their career no need of a university degree, or perhaps being unable to obtain it from causes beyond their

control, have qualified in the more general way "at the College and Hall,"—only to find, after some years of active practice and under the altered circumstances which time has created for them, that it is very desirable that they should possess the M.D. degree in order to advance their position or subserve some equally laudable purpose. Such individuals are oftentimes quite as able to pass as severe an examination as were those who already enjoy the right of using the M.D. At present the only way in which they can obtain the degree they desire is by purchase from a foreign source, or by keeping a certain number of terms at a university or medical school at home prior to presenting themselves for examination, with one single exception—in the case of the St. Andrews University. This body has the power to admit after examination in each year, to the number of *ten* only, those who have been in active practice and are beyond the age of forty. The circumstances under which this regulation was made will be learnt by a reference to the report (page 547) of the recent meeting of the St. Andrews Medical Graduates' Association, held for the purpose, amongst other things, of taking measures to secure an alteration of the rule which limits the admission of practitioners to ten in each year. It is urged that stringency of examination should alone constitute the passport to the St. Andrews M.D. degree. Now, it would seem that the Commissioners, appointed a few years since to rearrange the conditions under which candidates should graduate in Medicine, were misled in one important particular; and a misconception on their part no doubt induced them to limit the yearly admissions of those in the active exercise of their profession. The Commissioners believed that there was "no occasion for persons educated in England to resort to St. Andrews for a medical degree .....If they aspire to a degree, it appears more natural that they should present themselves as candidates to the University of London." But the facts are otherwise. The regulations of the University of London do not provide for the case of medical practitioners who desire the M.D., since attendance on several courses of lectures at a recognised school is required between the first and second M.B. —a condition which the general practitioner cannot fulfil, because he would have to relinquish his practice for a long time. St. Andrews is, indeed, the only British University at which a registered medical practitioner can obtain the M.D. without a renewed attendance on lectures. The mistake of the Commissioners itself affords strong reason for modifying the existing rule founded on their recommendation.

Certainly more opportunity is required for the obtaining of the M.D. degree by registered practitioners—by those who pass through an ordeal sufficiently severe to prove they deserve it; and it should be quite possible to create an examination, under the supervision of the General Medical Council, stringent enough to exclude from the roll of graduates those who have no real right to the coveted honour. At the same time we believe that more than ordinary care should be taken, in any reform of this kind, to place every possible check upon the admission to the M.D. of those who would lower the status and dignity of that degree. No one, for instance, should be permitted to obtain it if openly practising pharmacy, or who could not show the results of a thoroughly good general education, and a knowledge of sciences collateral to medicine and of modern language. The M.D. degree should be made one of real honour. The St. Andrews Graduates themselves demand that after five years' actual practice any member of the profession should be allowed to become a candidate for the M.D. It is fairly open to question whether the period should not be rather ten years, or the age that of thirty or thirty-five. These are, it is true, matters of detail which do not affect the general question; but they are of considerable importance nevertheless. It is no doubt in the interest of the other Scotch Universities that the existing regulations should continue—that only ten practitioners should be permitted to graduate at St. Andrews in any one year; but it seems proper that, if it is right to grant such admission at all, limitation as to numbers should give place to limitation through knowledge. We trust that the subject will be fully considered, with the view of removing a piece of illiberalism under which the general practitioners suffer. The desired reform, however, must be contingent upon the introduction of a fair stringency of examination, under responsible authority, that shall secure the admission to the graduates' roll of only good and true men. The examination, too, should be severely clinical, and compulsory in the case of every candidate. It might, of course, be open to any University to elect to admit, after the same manner, practitioners of established reputation, under proper supervision. With such regulations as we have sketched, there would certainly be a guarantee that none but the really accomplished and successful members of our profession would obtain the M.D. degree—those who would bear the honour with becoming dignity, and raise it in public estimation; and nothing less should be sanctioned.

IN various ways the Budget of the Chancellor of the Exchequer is of interest to the profession. We are a class of the community on whom social and political taxation tells heavily. We have to work hard for an income that is neither large nor safe—that is dependent on not only health, but a good deal of it. Not only so, but our profession, while offering no great social prizes, involves just that amount of social position, and favours that amount of humane disposition, which imply a considerable expenditure not obligatory upon men in a different position but with larger incomes. We are keenly alive, then, on personal grounds, to any consideration on the part of the Chancellor of the Exchequer. Independently of personal considerations, however, there are a few points of interest to us in the Budget. It is painful to notice the falling off during the past year in the articles mainly consumed by the poor, such as tea, coffee, sugar, and tobacco. What this must mean can only be known to those who, like the members of our profession, are in the habit of seeing much of the poor. These articles are to the poor more than wine is to the rich. And yet, while the rich have been increasing their consumption of wine and brandy, the poor have been curtailing their consumption of tea, coffee, &c. It requires little consideration to conclude that if the poor have been too

poor to buy their usual quantity of tea, coffee, sugar, and tobacco, they must have been poor indeed. If they could not buy tea, *a fortiori* they could not buy meat. So it must have been a hard year with them. Mr. LOWE has done well to take the remaining duty off corn, which, though only one shilling per quarter, yielded a revenue of £900,000, and is a tax altogether anomalous and unjustifiable. A curious illustration of the mild winter through which we have passed having been favourable to human life is found in the fact that the revenue from stamp duty is £132,000 less than was estimated. Both Mr. LOWE and Mr. HUNT attribute the fact to the extraordinarily low mortality among persons having money to leave. All we can say is, that it was singularly inconsiderate in such people to be so tenacious of life, in view of the large bills that have had to be faced both by Mr. LOWE and his predecessor.

Considering these bills, it is a matter of thankfulness that Mr. LOWE has not only not imposed any new taxation upon us, but that he has actually remitted a large amount of taxation in a way to benefit not only the poor man, but also the middle and upper classes of society. We hope that members of our own profession in several ways will be benefited by the Budget. We are disposed, indeed, to think that the device of Mr. LOWE for raising the income needed for the year looks better on paper than it will be found in actual operation, and that the paying of taxes by anticipation, and in a lump sum, will be for the current year very like additional taxation. Still it remains that the duty on corn is abolished; that the rate of income-tax is actually less by a penny in the pound; that the duty on fire insurance is abolished; that the duty on cabs is totally repealed; and that by a simpler mode of collecting taxes, through the Excise, instead of by local officers, a gain of £3,350,000 is effected. Mr. LOWE asks us to give him in the current year money which would otherwise fall to be paid next year; and if the wants of next year were to be as great as the wants of this, we should really be little relieved. But there is the balance of a highly exceptional bill to be paid this year, and, without claiming much prescience, we may venture to believe that we shall have no such liability next year. Meantime we have the satisfaction of paying the bill without the imposition of new taxes, and with the abolition of some very objectionable old ones.

THE lamented death of Mr. H. HOARE, which is stated by his friends to have been in some measure due to over-training, raises again the important question whether the regimen requisite to maintain a man in the full exercise of his physical powers is injurious or not. We take it that the object of every system of training is to bring the whole body into such a state that it can support without injury a sudden, a powerful, and a protracted strain on any or all of its organs. It is obvious, therefore, that a good system of training should be so ordered as to effect the fullest development of the powers of both body and mind. Unhappily this end is too often disregarded, and the mere evolution of the muscular power is all that is attempted. Nevertheless, even so it is easy to perceive the advantages that must follow from the mode of life pursued by the intending athlete. He must be early to bed and up by cock-crow; he must keep his skin in action by cold ablutions and friction after exercise; he must eat and drink liberally, for his waste is great,—yet far within the bounds of satiety; he must exercise not one but every set of the muscles of his body. Such a plan, if begun in moderation and steadily pursued, is well known rapidly to tell on the general development of the entire system. The muscles grow; the chest expands; the power of sustained exertion increases; fatigue is scarcely felt; the sleep is sound and refreshing; the spirits are light; the whole frame experiences an elastic vigour that itself constitutes keen enjoyment. Nor do we see any reason why such a state should not be maintained indefinitely. To a man who has arrived at the condition such a regimen pursued for a few weeks produces, exertion, even when violent and suddenly undertaken, occasions no harm. Injurious effects are only felt by those who have attempted to perform severe muscular work when insufficiently trained. And the *rationale* is easy to discern. The first effect of every muscular effort is to produce distension of the right side of the heart; for the blood, pressed on by the contracting muscles, and prevented from regurgitating towards the capillaries by the valves, flows with increased rapidity through the veins, and accumulates in the right auricle and ventricle: a feeling of distress in the breathing results. This in the duly trained man is very transient in duration; the heart, by a few powerful beats, frees itself of its load, the respiration becomes coincidently deeper and fuller, the flow through the pulmonary capillaries is accelerated, the balance between the lungs and heart is re-established, and what is sometimes called the "second wind" is produced. In the inadequately trained man, on the other hand, the balance is not re-established; the veins continue, with each muscular effort, to pour fresh supplies of blood into the already overladen heart, which strives in vain by rapid strokes to discharge its contents; the chest and lung-tissue, with the capillaries of the latter, not possessed of due elasticity, are unable to play their part, and death may absolutely occur. Such immediate results may be witnessed in pursy old men or women after a run of but a hundred yards. In the young it is less apparent; but even in them, if the experiment be too often repeated without the regular exertion implied in training, the ultimate result is not less sure; and many a man lives or dies in mature age with dilatation of the right heart and its concomitant train of ills, produced by violent exertion undertaken before the several organs implicated have acquired powers adequate to the duties they are called upon to discharge.

The disadvantage of the system as at present pursued is, as we have said, that it is directed solely to the development of the muscular energies, whilst the cultivation of the mental powers is almost entirely overlooked. Of course, like him whose untimely fate has led to these observations, there are many exceptions; but, as a rule, our young athletes constitute almost a distinct class at school or at college, and our oarsmen and our cricketers and runners are too much occupied with their respective amusements to regard them in their proper light as means to an end: that end is not the enlargement of the muscles alone, but the

improvement of the higher attributes with which we are endowed. There is not a doubt that in all the great towns the physical education of the young is far too much neglected. Every large school—and there are scores of them in London—should have its own gymnasium, the use of which should be made to constitute an important part of a boy's education up to the age of twelve, and a portion even up to that of twenty. We do not want athletes, but a *mens sana in corpore sano*; and this cannot be obtained without the due exercise of both.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

AT the quarterly meeting of the Council of the College of Surgeons on Friday, the 9th inst., the usual routine business was transacted, and, in addition, the report of the committee appointed to adjudicate the Jacksonian prizes was brought up. There were two subjects for prizes for the year 1868—namely, (1) "Pyæmia after Injuries and Operations; its pathology, causes, symptoms, prevention, and treatment. The dissertation to be illustrated by cases and drawings." (2) "Amputation of the Limbs; the various modes of operation now practised, their relative advantages, and the methods of arresting primary hæmorrhage and of dressing the stump. The dissertation to be illustrated by cases, drawings, and casts." For the former we learn that no competitor deemed worthy of the prize presented himself, whilst for the latter there was no competition at all. It is remarkable that since the institution of the prize in 1800 there have been no fewer than fourteen instances of "no award," and twenty-two occasions on which "no dissertation has been received." It must be borne in mind, however, that as many as four prizes have been offered in one year occasionally, owing to the unawarded prizes of the previous year being offered in addition to those of right belonging to it. For the future, we believe, the prize will be limited to a single one in each year, any surplus funds accruing being carried to the capital fund; by which arrangement the Jacksonian fund will be so augmented as eventually to require no assistance from the general funds of the College, which can now be ill afforded. The subject for the Jacksonian prize of 1870 will be, we understand, "Hæmorrhagic Diathesis, and Spontaneous and Accidental Hæmorrhages."

The report of the committee appointed to consider the question of the addition of midwifery to the subjects of examination for the diplomas of the College was postponed to the next meeting.

GUY'S HOSPITAL.

DR. STEELE has just issued another of his valuable annual reports of the patients treated in Guy's Hospital. The total number of persons relieved was 83,621; of these, 5297 were in- and 78,344 out-patients. The mortality was 9·72 per cent. less than that of the preceding year; this is accounted for by the fact that there was a diminution in the number of severe accidents brought to the hospital, and by the smaller mortality amongst females. Dr. Steele shows how fully every form of disease is cared for, and how needless, as far as Guy's is concerned, are special hospitals. In constructing the statistical table of diseases, the author has followed the system of nomenclature recently drawn up by the College of Physicians. The experience of the hospital, into the wards of which cases of ordinary contagious fevers are admitted, shows from year to year a variable though persistent tendency in the diseases to attack both patients and attendants; and though only six or seven are thus attacked each year, it is a question, says Dr. Steele, whether such cases should not be excluded. If these diseases spread, by all means should this be the case, or at least they should be isolated. Pyæmia was less frequent in the year. Guy's may very well, as suggested, make use of temporary huts on the hospital green for the lodging of the severe operation cases.

A VOYAGE WANTED.

IT has sometimes been said that our hospitals for consumption have done little to advance the treatment of this disease, or to favour the recovery of the patients who repair to them. This may be true or not. We believe that the principal good they do is to supply patients with cod-liver oil and good food. And undoubtedly these are immense helps to recovery in the early stages of the disease. We wish to suggest another remedy for the good of young patients showing the first signs of tubercular degeneration. We know no objects more worthy of consideration and help, and recent experience goes to show that they are by no means to be given up as hopeless. Phthisis, in the conditions of comfort and wealth, may be kept at bay for many years, chiefly by care and hygienic measures. Can anything more be done to give poor consumptive patients, in the early and curative stage of the disease, a chance? If so, no charity could be purer or finer. To restore a promising youth, or the young father of young children, to vigour, after a little spitting of blood or slight emaciation, is a consummation so desirable that it would never fail in England for want of money. It appears to us that a great means to this end might be supplied by a fine ship that would give such patients a long voyage under medical care of the best kind. Of course the cases would have to be carefully selected, but with this qualification the provision of such a ship would be a great means of cure and a distinct chance of life to many to whom Brompton and Victoria-park Hospitals are mere means of palliation and relief. Various forms of scrofulous disease other than phthisis should be so treated. We can only throw out the hint. But nowadays, when charity is so inventive, and useless hospitals are multiplying so fast, we make a suggestion that is worthy of the support of all charitable persons. A goodly ship that would take a shipload of delicate rather than diseased people for a voyage, that might establish their health for years, would be, at the very least, a fine experiment in hygiene and benevolence. Fresh sea air, with good diet and good medical conditions on board, would stave off indefinitely many a break-down in life.

MEDICAL PEERS.

IF we may judge from the character of the debate in the House of Lords, on Friday, the 9th inst., and from the substantial agreement of such men as Earl Russell on one, and the Marquis of Salisbury on the other, side of the House, there is every probability that we shall soon see the principle of conferring life peerages made an accomplished fact. Earl Russell, in speaking of the different classes of men on whom it would be occasionally desirable to confer a peerage, but who are now shut out from it, made no special allusion to our profession, although he named scientific and literary eminence as establishing a title to such distinction. We long ago advocated the utility and wisdom of conferring a life peerage on some distinguished member of the medical profession. The reasons which led us to do so have become

stronger as society has advanced, and political changes of a sweeping character have been inaugurated. Old things are passing away, and new ones are developing. On public grounds, we believe that the presence of a distinguished medical man in the Upper House would be most desirable. Questions affecting the relation of the physical to the moral and intellectual requirements of the poor; the care of the national health; the administration of medical charities, and of the Poor Laws; the nature, extent, and practicability of sanitary legislation, and the requirements of our public services at home and abroad; the organisation of some system of vital statistics, and the question of emigration, with the relations of climate to health,—all these are subjects which must ere long engage the anxious attention of the Legislature. In discussing them, the opinion of a man distinguished in medical science could not fail to be of importance to the State. If it be recognised that it is creditable to the nation to confer a distinction on a man eminent for his wealth, it is surely more honourable for the nation to confer dignity on those who contribute to the national influence by the brilliancy of their discoveries, or the extent of their acquirements. Now that history is studied on a philosophical basis, and an attempt is made to trace national progress—its material and moral, as well as its political progress—by the influence of thought and discovery on the age, there can be no reason why the main instigators of true progress should not be added to the peers of that country on which their fame or their influence has thrown a lustre. By ennobling a profession, you raise the standard of its excellence, and you introduce a powerful factor for the encouragement of its members to maintain and elevate its dignity by truthful and unselfish labours, for which there is, and can be, no guarantee of an adequate pecuniary reward. In France, men of science have been ennobled, and Dupuytren was a peer. Neither the dignity nor influence of our peerage would have suffered had the names of Jenner and Sir Astley Cooper been added to its roll.

DIETARY SCALES FOR MERCHANT SHIPS.

AN annotation with this heading appeared in THE LANCET of Oct. 3rd of last year; and we indicated therein a recurrence to this very important subject. It appears that the emendation and consolidation of the Merchant Shipping Acts are again indefinitely postponed, and that hence no legislative interference with the diet provided for sailors at sea is likely to take place this session. And, indeed, there is a manifest disposition on the part of the authorities at Whitehall to leave this matter entirely in the hands of the shipowners. The "lime-juice" clauses of the Duke of Richmond's Act were introduced because the commercial community steadily resisted the legalisation of any dietary scale; and the exertions of the Board of Trade were, in the matter of diet, necessarily confined to the framing of enactments that have secured to the sailor genuine prophylactics. And, since the last Merchant Shipping Act took effect, no change has of course occurred in the manner of provisioning ships. We are informed by a competent authority that, in the present depressed state of the shipping trade, vessels are sent to sea, not only badly, but insufficiently, provided with food for their crews. The following extract is taken from a letter which appeared six weeks ago in the *Shipping Gazette*, and is signed by a shipmaster at Cardiff:—

"I am now leaving this port, and all the provisions I can muster will not last me over two months. I am bound to New York. My agents ordered all the stores from Liverpool to suit themselves. Now, if I lay for some days in the roads, I shall be short before I can get to New York, especially if my passage is in any way protracted."

The state of things here described is far more common than is generally supposed. The duty of providing stores is, in many cases, entrusted to agents, over whom the shipmaster has no control, and whose sole interest lies in cutting down all supplies as closely as possible. We are fully prepared to endorse the remark lately made by Lord Stanley at Glasgow, to the effect that, in many administrative reforms, it is better to avoid than to evoke Government aid. But it is necessary to reiterate that no number of well appointed training-ships, no system of apprenticeship, and no pecuniary inducements, will raise and maintain a sufficiency of competent seamen to man the British mercantile marine, unless proper attention be paid to the quality and quantity of food provided for the use of those upon whom the safety of the ship, her cargo, and her living freight chiefly depends.

THE MEDICAL COUNCIL AND THE MEDICAL ACT.

BEFORE our present impression is in the hands of our readers, the Executive Committee of the General Medical Council will have held a meeting, and discussed "The Medical Acts Amendment Bill." We can see no prospect of a satisfactory amendment of the Medical Act, unless the Executive Committee act with determination in the matter, and resolve upon the desirableness of an early meeting of the Council itself. The Government would probably be as much disposed as most governments to meet the wishes of the Council and the profession upon this important matter: but they must be urged to do so. Too many questions are being forced upon their attention for them to take up the Amendment of the Medical Act without some pressure. We would like to assure the Executive Committee that no Amendment of the Medical Act will be final or satisfactory which does not include a plan for the larger representation of the profession at the Board of the Council.

PARISH DEAD-HOUSES.

WHEN, three months ago, we felt it our duty to protest against the degradation to which the bodies of persons who had been so unfortunate as to die in the streets, or which had been found exposed, within the Strand district, were subjected by the want of any decent or proper reception-house for their deposition to await the coroner's inquest, we could not have imagined that a repetition of similar horrors would be likely to arise within a few weeks. But such is the perversity of the ordinary parochial mind, and its insensibility to public opinion, that the exposure of a shameful neglect of duty on the part of the Strand authorities has not, so far as we know, been followed by any reparation on their parts, as it certainly has failed to prevent the authorities of another London parish from appearing before the public under similarly disgraceful circumstances.

In the parish of St. George-in-the-East an unfortunate Greek sailor has recently been the victim of a murderous street attack, from which death resulted before he could be removed to the house where he had been living; and the body was therefore placed, for the necessary post-mortem examination, in what we presume to be the parish dead-house. Of the suitability of this place for such a purpose we may judge from the description given by Mr. Budgett, the surgeon who was instructed to make the post-mortem. He speaks of it as a small house at the end of St. George's churchyard, in which there was neither table, chair, towel, nor light. To obtain light, he had to open the door and bring the body to it. He had to extemporise a bench out of coffins, with a coffin-lid for a table; and the post-mortem was actually made in full view of a crowd of

people who had gathered in the churchyard, into which, in fact, it was necessary to carry the stomach to get space and light for its examination. The workhouse people thought it quite sufficient to send an old pauper to supply water in a bucket, and a piece of soap was only obtainable "for a consideration." Mr. Budgett felt it to be his duty, in the interests of justice, to make known to the coroner that under these circumstances a proper scientific examination of the body was impossible; but neither the coroner nor the jury appear to have taken any special notice of this feature in the case.

The almost exact similarity between the facts now recited and those upon which we commented in reference to the Strand dead-house in January last, renders it unnecessary for us now to do more than reiterate the opinion we then expressed, that these parochial dead-houses are "a disgrace for which there is no sort of excuse." We do not know, indeed, what more can be said; for we have pointed out that the Sanitary Act supplies an easy remedy, which it only rests with the inhabitants of the several parishes to insist on having put in immediate force. So long as the law *permits*, and does not *enforce*, the provision of public mortuaries, we confess we shall have little hope of seeing the last of the present filthy cabins styled "parish dead-houses."

COHNHEIM'S RECENT RESEARCHES.

THE accuracy of the researches of Cohnheim, anticipated by Waller, has been called in question by Dr. Koloman Balogh, who, together with another experimenter, Dr. Csabatamy, failed to detect anything like the passage of white corpuscles through the walls of the capillaries in the mesentery of frogs poisoned by curare and other powerful agents of a similar character. Dr. Balogh states that he has repeatedly seen the white cells of the blood mass together, but not a single cell pass through the vascular walls. He is of opinion that Cohnheim has been the victim of an optical error. He affirms, moreover, that the origin of pus-cells is not the white blood-corpuscles, but the cells of the connective tissue, including of course those found in the walls of the vessels. Balogh does not deny the existence of openings in the capillaries; but he declares that they are infinitely minute, if they exist at all. He thinks his negative result sufficient to throw grave doubt upon Cohnheim's observations.

THE MERCANTILE MARINE MEDICINE CHEST.

WHEN the Merchant Shipping Act of 1867 was about to become law under the auspices of the Duke of Richmond, late President of the Board of Trade, it very properly occurred to that Board to revise the scale of medicines ordered to be carried in merchant vessels according to the terms of former Acts. Dr. Dickson, R.N., and Mr. Harry Leach, the medical advisers of the Board, were accordingly directed to submit a Scale of medicines and medical stores, which should combine, as far as possible, a minimum of expense with a maximum of usefulness. The Scale was adopted, and the articles indicated therein are now carried in all the medicine chests of merchant ships. Among other useful changes made was the substitution of carbolic acid for the solution of chloride of zinc, as an antiseptic and deodorising agent. There can be no doubt that, on the score of utility and economy, this change was right and proper. But, *mirabile dictu*, some months before the last change of Ministry took place, the solution of chloride of zinc appeared officially in the Scale, so that the mercantile marine is now supplied with two antiseptic and deodorising agents, resulting in increased outlay to the shipowner, and in dire confusion to any captain or mate of a vessel who has to play the doctor on board ship. It is next to impossible to conceive that this absurd addition to the Scale was made with the sanction of Dr. Dickson and Mr. Leach, and equally improbable to suppose that the President and his advisers would make any such addition without first consulting the medical officers who had framed the list that was legally adopted. It is plain, however, that one of the two above conditions must have obtained; and we are bound, in the interest of shipowners, of shipmasters, and of seamen, to record our significant protest against such a proceeding. For its effect is, to levy a useless tax on the shipowner, to embarrass the pseudo-medical duties of the shipmaster, and to destroy the faith of seamen in preventive and remedial agents. As economy in all Governmental departments appears to be the order of the day, it is fit that economy should also be practised for the benefit of the public. The honourable member who now occupies the Presidential chair at the Board of Trade appears to incline very much to the *dolce far niente* principle, and, as cheese-paring cannot well be performed in his department, is content to "let well alone." But in this case, the cheese can be pared for the benefit of the mercantile marine community, and the authority of the Board of Trade will not be diminished by the elimination of a deodorising agent from their scale of medicines and medical stores.

REDUCTION OF POSTAGE ON NEWSPAPERS.

MR. GRAVES not only did a great public service, but earned the thanks of the whole press, by his attempt in the House of Commons to reduce the postage on newspapers. As for circulars, we receive more of them at present than are at all interesting, and we should be little elated to see facilities for getting more circulars by post. But the cheaper transmission of newspapers, and especially of the more scientific class of papers, is an object the achievement of which would most honourably distinguish any public man. It is most discreditable that England should be behind the continent and America in this matter, in which she had a great reputation. There was reasonableness in the plea of Ministers, that on the eve of a Budget such a financial experiment could not be sanctioned by the Chancellor of the Exchequer. But the Ministry were not unfavourable to the proposal; and after the approval of it expressed in all quarters, we may confidently hope that Lord Hartington will try to carry it out.

LIEBIG'S EXTRACT OF MEAT COMPANY.

ON Saturday, the directors of this Company entertained a party of scientific and literary gentlemen at dinner, at the St. James's Hotel, in order to set before them experimental proof of the excellence of the extract as a substitute for ordinary stock in soups and gravies. Mr. Francatelli fully sustained his high reputation, and the dinner was superb. The peculiar flavour of the extract (to like or to dislike which is purely a matter of taste) was quite discernible in many of the dishes, and especially in the soups; but, for all who do not dislike this, the success of the demonstration may be said to have been complete. Still, in ordinary households there is no Mr. Francatelli; and such a dinner leaves the fitness of the extract for domestic cookery to be tested in the domestic kitchen. Upon its nutritive value, moreover, we have at present only insufficient data. The chemical doctrines about food have recently undergone changes; and are hardly sufficiently settled to entitle chemists to dogmatise. We find it difficult to believe all that is said of the extract; but we have found the extemporised beef-tea that it affords to be a very pleasant and sustaining drink during long hours of nocturnal literary labour; and for this purpose, at least, we

can cordially recommend it to students and workers. We are not aware, however, that the extract prepared by the Company possesses any advantages over that of other manufacturers; and we have been accustomed to purchase and use more than one variety. It will be found that there are slight differences of flavour between the produce of different establishments; and these differences may be sufficient to determine the choice of some consumers. We have no idea that there are any corresponding differences in intrinsic value; and the essential conditions of success must be observed by all the firms that are engaged in the business.

PROFESSOR SYME.

WE are extremely glad to hear that Professor Syme is improving. He moves his hand to some extent, and he can walk in his garden. His mind has been clear throughout, and sensation has been unimpaired. He reads much, and takes an interest in all that is passing. He was attacked on the 6th inst., having that same day removed a breast, and, we believe, performed some operation in the infirmary, notwithstanding some transitory nervous symptoms. The attack occurred while Professor Syme was in his carriage, between the infirmary and his consulting-rooms. Dr. John Brown, Dr. Begbie (son.), Dr. Christison, and Mr. Annandale were soon in attendance upon him. We only echo the feeling of the whole profession when we express the wish that Mr. Syme may long be spared, if not to operate with his rare skill, at any rate to contribute his clearly defined opinions on those professional questions in regard to which his large experience and shrewd judgment make him an authority.

THE ELECTION OF CORONERS.

AT length there is a prospect of alteration in the way in which county coroners are elected. Mr. Goldney obtained leave on Tuesday evening, in the House of Commons, to bring in a Bill for this purpose; and Mr. Bruce stated that he offered no opposition, and considered the present mode of election cumbrous, expensive, and unsuited to the character of the office of coroner, and, he might have added, a disgrace to our legal administration. We, however, cannot agree with the promoter of the new Bill that the power of appointment should be vested in the Lord Chancellor or the Home Office. The voice of the freeholders should decide. What is imperatively needed is a perfect registration of those who are *bonâ fide* freeholders, and entitled as such to vote; and the revision of a mode of scrutiny by which false voters, "'longshore men," "graves," and the like, will be rigidly excluded from influencing the election of coroner. Nothing can more clearly show the need of these particular reforms than the case of the Queen *v.* Diplock, which is now again before the Court of Queen's Bench, and for the ninth time of hearing before the judges at Court or at Chambers. The present system is injurious to the election of medical coroners, for the simple reason that men of high acquirements are loth to enter a contest the end of which they cannot forecast.

THE MEDICAL DIRECTOR-GENERALSHIP OF THE NAVY.

WE are requested to state authoritatively that an error has crept into public journals concerning the tenure of the recent appointment of Dr. Armstrong to the office of Medical Director-General of the Navy, which it is intended shall be on no account held beyond the period of five years, and to be terminable, by will of the Admiralty, at any time within that period.

A MODERN HISTORIAN ON THE SOCIAL EVIL.

MR. LECKY, in writing a History of European Morals, has dwelt at much length upon the position of women. The subject is one of delicacy, and, on that account, generally avoided by writers; but he has had the courage to grapple with it. He is discussing the question of marriage in relation to the natural duties devolving upon parents, and the preservation of domestic purity; and he adds, "The family is the centre and the archtype of the State, and the happiness and goodness of society are always in a very great measure dependent upon the purity of domestic life."

Under these circumstances, he goes on to say,—"There has arisen in society a figure which is essentially the most mournful, and in some respects the most awful, upon which the eye of the moralist could dwell. That unhappy being whose very name is a shame to speak, who is scorned and insulted as the vilest of her sex, and doomed, for the most part, to disease and abject wretchedness and an early death, appears in every age as the perpetual symbol of the degradation and sinfulness of man. Herself the supreme type of vice, she is ultimately the most efficient guardian of virtue. .....On that one degraded and ignoble form are concentrated the passions that might have filled the world with shame. She remains, while creeds and civilisations rise and fall, the eternal priestess of humanity, blasted for the sins of the people.....The existence in England of unhappy women, numbering not less than 50,000, shows sufficiently what an appalling amount of moral evil is festering uncontrolled, undiscussed, and unalleviated, under the fair face of a decorous society. In the eyes of every physician—and, indeed, in the eyes of most Continental writers who have adverted to the subject,—no other feature of English life appears so infamous as the fact that an epidemic, which is one of the most dreadful now existing among mankind, which communicates itself from the guilty husband to the innocent wife, and even transmits its taint to her offspring, and which the experience of other nations conclusively proves may be vastly diminished, should be suffered to rage unchecked because the Legislature refuses to take official cognisance of its existence, or proper sanitary measures for its repression."

In some footnotes Mr. Lecky alludes to Parent-Duchâtelet's work, and a pamphlet by Dr. Vintras; and he remarks that some measures have been taken in a few garrison towns; but the moral sentiment of the community would be shocked if Liverpool were treated on the same principles as Portsmouth. He follows up the subject from the moral and religious points of view, but into these we have not space to enter.

MR. GOSCHEN AND THE BIRMINGHAM GUARDIANS.

THE reply of the Poor-law Board to the proposal of the Birmingham Guardians to reduce the number of their medical districts from eight to five, is hailed with much satisfaction by the *Birmingham Daily Gazette*. In a very able and well-written leader, that journal discusses the whole question, and concludes with a passage that we cannot forbear to quote:—

"The question interests every class of the community. It is in the dwellings of the very poor that infectious disease commonly originates, and thence the poison spreads. The parish medical officer might be the most efficient officer of health, the most useful agent in detecting the causes and checking the spread of preventable disease; but with his miserable pay, with his submission to the will of the Guardians, compelled by the humiliating condition of annual appointment, the parish surgeon is placed in such a position that, far from deserving blame for results which he has no power to avert, he deserves sympathy, as him-

self one of the greatest sufferers from a system which does little credit to statesmanship,—none to humanity. Would it not be worth trying the experiment of preventing the sick becoming confirmed paupers, and chargeable on the parish for burial, by doing the best to restore them to health and vigour, and enable them to earn their livelihood under the invigorating stimulus of recruited health? We say nothing here for the experiment on the score of humanity; we urge it for the sake of economy. The present system has certainly had a fair trial, and it would be difficult to find any one who would calmly vouch for it as a success. Surely it is worth while trying some other plan, unless we are to be told that the many evils of the existing system of Poor-law medical relief are beyond the reach of remedy. If such be really the case, let us know the truth."

We congratulate the midland district upon the wisdom and courage of the newspaper that prints such words as these; and we regard them as affording one indication among many that better times are at hand for the people of England. In an earlier passage the same writer "notes with satisfaction every sign of the removal from the passionate, and often unjust, domain of party politics, of matters involving the best interests of those who cannot help themselves,—those who are stricken with the double calamity of abject poverty and disease."

We hope the time is not far distant when the public will recognise that party politics generally deal with questions that are of no intrinsic importance whatever. They are, as a rule, questions brought forward for party purposes alone, mere decoys to divert attention from the real wants of the country. To such questions we have been too long accustomed to see undivided attention given; and we hope to see the time when sham issues can no longer be sustained by the mere flatulence of oratory.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday evening, a paper by Dr. Barnes, on "Inversion of the Uterus," was read and discussed. The author described a case of chronic inversion, in which he incised the cervix, and then succeeded in effecting reduction by pressure. Sir J. Y. Simpson was amongst the audience, and, at the special invitation of the President, took part in the debate. He seems, if we understood him correctly, to have at some time entertained the idea of plunging a trocar into the inverted uterus, and of then in some way dilating or incising the cervical portion from within. There was, however, no room for misunderstanding with regard to the cordial tribute that he paid to the excellence of Dr. Barnes's treatment, and to the interest of the paper in which it was described.

The second paper on the list was by Dr. Kelly, "On the Spontaneous Cure of Hydatid Cysts." It is to be regretted that the lateness of the hour at which it was concluded rendered the Fellows present unwilling to commence a debate upon a subject on which a good deal might be said, and which presents several aspects of much practical importance.

A CURIOUS HOSPITAL RULE.

FROM a paragraph in the *Liverpool Albion* we learn that, at the Birkenhead Borough Hospital, a regulation of the committee is in force ordering that no one who has inflicted injury upon himself, when under the influence of drink, should be admitted into the hospital. It appears that a man, having made an attempt upon his own life, was taken to the hospital in due course, when the house-surgeon, in obedience to the order we have referred to, requested his immediate removal by the police; and, on this being refused, proceeded, with the help of the porter, to eject the unfortunate patient, who was in a very precarious condition. Eventually the patient was seen by the police surgeon, and sent to the workhouse hospital; and the stipendiary magistrate, to whom the case was mentioned, very justly remarked that "it was a most extraordinary thing that the committee of the hospital should have made so absurd a rule."

Committees of hospitals do occasionally make most absurd and impracticable regulations. Thus, not many years ago, the committee of a London hospital resolved that no dead body should be brought into the hospital. This of course raised the practical difficulty that it was impossible to decide as to the absolute death of a sufferer until he had been medically examined, and that the house-surgeon could hardly make his examination in the street. As it happened, the first case which occurred settled the question; for a gentleman who had blown out his brains in a cab was brought in, and being found to have a large sum of money upon his body, it was duly received and tended, and the regulation was thenceforth disregarded. Supposing the unfortunate suicide at Birkenhead had been a well-known millionaire instead of a vulgar wife-beater, we imagine that a more lenient view might have been taken of his case; and certainly the sooner, in the name of humanity, the law is rescinded the better.

REVEREND AMATEUR DOCTORS.

WHAT a pity it is that reverend gentlemen do not mind their own business. When they do so, they come in for an amount of reverence which, to say the least, is as much as they deserve; but when they try their hand at treating bodily diseases, they generally appear to very little advantage. The chances are ten to one that they practise some form of nonsensical quackery. A reverend gentleman, Mr. Howell, independent minister of Wells, treated John Sandell medically. Mr. Sandell was seventy-eight years old, and laboured under great difficulty of breathing. Mr. Howell volunteered to prescribe for him, and gave him globules of aconite and nux vomica, then spongia and nux vomica, and then—Mr. Sandell died. Far be it from us to think that Mr. Howell killed Mr. Sandell by nux vomica or even by sponge; but it is not quite certain that he did not do him much harm by preventing deceased sending for a medical man, and by making him think that he was being medically treated. We have no disposition to be very hard on men like Mr. Howell so long as they only take their own globules; but when they go on treating others with fatal inflammation of the lung till they die, then we must be excused for saying that they display the gravest ignorance at once of disease and of their duty. Mr. Howell must feel very responsible in having acted as physician in a case so serious in its nature and termination. We hope for the future that he will restrict himself to theology, and practise homœopathy only upon himself.

NEW BARRACKS IN INDIA.

ON the 6th ultimo Sir Richard Temple introduced the budget for the ensuing year to the Vice-regal Legislative Council at Calcutta, and in the course of his speech he said:—

"The scheme for new barracks for European troops throughout India was to cost from ten to eleven millions, and the work was to be done in a period of five years. The period of construction will certainly be prolonged, for the five years have now elapsed, but 'he work is not half done; and out of the ten millions only five have been spent, leaving at least five yet to be laid out. But the designs had to be elaborated by the best military engineers in India, and then sent to the first sanitary authorities in England for

approval. Then new sites had to be selected, after long inquiry as to the salubrity and the like. The plans have now become finally settled, and the establishments fully organised; and during the current year no less than one million and a half is being expended on these buildings. The result is that noble structures, providing for the married and unmarried soldiers' quarters, equal to the best to be seen in any country, are rising up at Allahabad, at Lucknow, at Hyderabad, at Poona, at Bangalore, at Indore, and at many other stations. Nothing that science can suggest to make these quarters healthy and comfortable for the troops has been omitted. At the present rate of progress and expenditure, it is hoped that the work will be finished some six years hence."

CONDITION OF FEVER-STRICKEN FAMILIES IN ST. GEORGE'S DISTRICT.

THERE is a great deal of fever in St. George's, Southwark. At the meeting of the Board last week, the subject was brought under notice by Dr. Babbage. There are difficulties in knowing what to do with fever-stricken families. Sometimes they will not go to the Fever Hospital from prejudice, and, on other occasions, cases of great urgency cannot be admitted for want of room. Dr. Babbage instanced a case where the mother went to the hospital, and died. Two children went afterwards; and two more, with the father, were left at home with fever, on the bed, or rather in the rags, in which the mother had lain. They could not be received into the hospital for want of room. Dr. Babbage properly pointed out the distress and danger of such circumstances, and complained that nothing effective had been done to stamp out the disease in the district, and that orders given by him to the relieving officer had not been executed. It transpired, in the course of the discussion, that two relieving officers were ill. The clerk pointed out that the Board had no power to take means to burn infected bedding or to supply new, or to provide a temporary house for the better separation and quicker recovery of cases; but that the Vestry had all these powers. Surely there can be some urgent communication between the Board and the Vestry which will lead to earnest measures. If not, we warn both the Board and the Vestry that they will lose both money and credit by the fever which is among them. The case of the Burgins, above given, is a disgrace to our Poor-law system.

UNQUALIFIED MIDWIFERY AND LEGAL CLAIMS.

A MEDICAL STUDENT attended a case of midwifery sent to him by a midwife. Not receiving payment, he summoned the husband. The case was heard on the 9th inst. in the County Court, Portland-road, before Judge Russell. The Judge said he could not allow the claim. The ground of his judgment was that a woman's life ought not to be in such hands. "The hands" were those of a pupil of Dr. Oldham and Dr. Hicks, and were better ones probably than those of the majority of midwives to whose care the lives of poor women are largely entrusted. It was to no purpose that the student directed attention to a similar case in which the Judge ruled "that in uncomplicated cases the plaintiff could recover, though not registered." The fact is that obstetric practice is in a peculiar state as regards its recognition by the law. No one breaks the Medical Act by professing to practise midwifery, though unqualified. Abstractly considered, we approve of the judgment in this case. We should like to see midwifery treated like any other part of medical practice—as requiring qualification. But considering the looseness of the law at present, we think that the Judge should have recognised the value of the service rendered, and allowed the claim.

SOMETHING LIKE A TESTIMONIAL.

DR. WILLIAM ELLIOT, of Stratford, has received an expression of regard and affection from his circle of patients, which, while it was most creditable to those concerned, must have proved peculiarly gratifying to him. It appears that Dr. Elliot, owing to impaired health, was about relinquishing his practice and leaving the neighbourhood, where he was evidently much beloved. The families he had professionally attended subscribed nearly £1300, the greater part of which they invested for his benefit, and that of his family, in the guaranteed five per cent. stock of the Great India Peninsular Railway Company. Moreover, knowing his inability to walk, and the necessity of his enjoying air and exercise, they have requested Dr. Elliot's family to select a new carriage, horses, &c., of which they beg his acceptance, with a purse containing the balance of the fund subscribed for a testimonial to him.

GLASGOW MORTALITY.

IN his usual Monthly Return of the Births and Deaths in Eight principal Towns of Scotland, the Registrar-General refers to the mortality of Glasgow during March as "high beyond all precedent, the registered deaths being 53 in excess of the births." The causes of this he ascribes to atmospheric agencies, "and in especial to the biting severity of the northerly and easterly winds, which have been prevalent aërial currents during March." We observe that the death-rate for last week, as given in the London Weekly Returns, shows a considerable reduction on that of previous weeks, but not sufficient to take Glasgow out of the category of most unhealthy cities.

THE SHARPEY MEMORIAL.

THE sub-committee have elaborated an admirable scheme for the promotion of the above object. The scheme embraces the formation of a Sharpey "Scholarship," "Laboratory," and "Library," as stated in our columns of the 20th ult. We shall give details next week.

BRIGHTON DRAINAGE.

AT the meeting of the Town Council, on Wednesday week, it had been Mr. Alderman Abbey's intention to move for the appointment of a Select Committee to inquire into the present system of draining into the sea in front of the town, and as to the practicability of diverting the drainage and utilising the sewage; but the practical result of the meeting was that Mr. Abbey's motion never came on for discussion at all, while a Report from the Works Committee, recommending a new outfall opposite Western-street, to be carried 2000 feet into the sea, for discharging into deep water, at an estimated cost of £7000, was adopted by 26 to 13 votes. We have not space or patience to repeat here the nonsense that was talked at the meeting by those advocates of the existing system and its extension, who appear to think that the objections which have been raised in the Council itself, in the town, in the local press, and in our columns, against the continued (nay, increased) defilement of the Brighton beach and sea with sewage, are due merely to "prejudice," or to a wanton desire to bring discredit upon the Council: they do not need anyone to do that which they are effectually accomplishing themselves. We are thoroughly satisfied that the policy which the Town Council seems bent on following out is a suicidal one, the results of which will be disastrous both financially and as regards the sanitary reputation of the town as a health resort. We attach too much value to Brighton as a sana-

torium conveniently accessible to Londoners in need of the wholesome stimulant of sea-air, not to look with dismay upon the evident determination of the Council to show that they are indifferent to the teachings either of common sense or of experience.

THE ROYAL SANITARY COMMISSION.

WE observe with regret that no provision is made in the estimates for the current year for the expenses of the Royal Sanitary Commission appointed by the late Government. This omission will, we trust, be brought under the notice of the House of Commons in such a way as to elicit the intentions of the present Ministry in respect of the Commission. Lord Palmerston, if we remember rightly, had a theory that an incoming Government took office as a person would buy a race-horse, "with all its engagements:" and certainly it would seem that an engagement to place the laws affecting the public health on a satisfactory footing should be specially binding. Economy is a fine thing in its way, and we have need that it should be practised in this country, where the tendency to lavish expenditure is part of the national character; but we are convinced that any money which might be expended in a successful endeavour to reduce to order the chaotic confusion of our existing sanitary laws would be exceedingly well invested; and we trust, therefore, that the Chancellor of the Exchequer will be induced to loosen the purse-strings which seem to be now strangling the Royal Sanitary Commission.

DR. LIVINGSTONE.

WE are glad to see that our well-known traveller, Dr Livingstone, has been elected corresponding member of the Academy of Sciences of France, in the section of Geography and Navigation. No worthier representative of English energy and perseverance could have been selected; and we trust he lives to enjoy the honour.

PRINCE LEOPOLD.

WE have it on the best authority that the state of Prince Leopold's health is by no means so precarious as the public have been led to believe, from the especial care taken in conveying his Royal Highness to Windsor. There had been last week a slight return of the internal hæmorrhage from which the Prince had recently suffered, and it was thought there would be less fatigue in a journey by the road than in a broken one by rail. The Prince has not sustained any relapse since his return to Windsor, and is now enjoying his usual health.

THE ULVERSTONE UNION.

THE Poor-law Board have had under their consideration various complaints made by the medical officer of the workhouse of the Ulverstone Union against the master and matron. These complaints formed the subject of inquiry by Mr. Cane and Mr. Fleming; and on their report, and the evidence of the various witnesses, the conclusions of the Poor-law Board are based. Generally, they support the charges made by the medical officer against the master and matron. They reflect somewhat on Mr. Cranke, the medical officer, for placing a pauper on the sick list, in order to get for her extra diet; and for not communicating to the master and matron with sufficient explicitness his wishes in regard to one or two cases.

KIDDERMINSTER INFIRMARY.

THIS institution has had more than its usual amount of work to do during the past twelvemonth it would appear from a report of the annual meeting of governors held on the 9th inst., and in consequence of the existence of epidemic disease, especially scarlet fever. There is by far too large an amount of preventable disease in the town. The number in the Infirmary was 1707 in 1868, as compared with 1367 in 1867. We are glad, therefore, to find that sanitary improvements are contemplated in reference to the drainage and water-supply. Let them, at any rate, be complete. The Infirmary itself has been improved in its administration during the year by the appointment of a matron trained in one of the London hospitals, and this step has, it is affirmed, been productive of much good already. The steps taken towards the foundation of a new building, we are glad to note, have been successful. Some £5600 has been promised, a suitable site selected and purchased, and nothing now remains but to set to work at its erection at once. The hope expressed by the Committee, that the clergy and ministers of the town will continue to observe one Sunday in the year as a day for making collections in their places of worship in aid of the Infirmary, is one that must meet with general acceptance.

PUBLIC HOSPITALS EXEMPTION BILL.

THE Bill exempting Public Hospitals from rates, and brought in by Mr. Wheelhouse and Sir Herbert Croft, provides that after October 1st, 1869, such institutions shall be free from assessment or rating, provided they be wholly or in part supported by the annual voluntary contributions of not less than twenty subscribers, and shall not divide or make any pecuniary payment, gift, or bonus, unto or between any of its members. A certificate from a barrister, or Lord Advocate, or Deputy, that the institutions are entitled to the benefit of the Act, is also required. An appeal is to be permitted to the Quarter Sessions. The schedule defining the class of institutions to be exempted, we observe, includes every variety of special hospitals.

NEW MILITARY LOCK HOSPITALS.

THE new Lock Hospital at Cork is so far advanced that it will be, in all probability, fit for inspection and certification under the provisions of the Contagious Diseases Act of 1866 before the end of the present month. The hospital in course of erection near Kildare and the Curragh will also be fit for the reception of patients and certification before the end of July. Both hospitals are under the War Department, and we understand that provision has been made to extend the accommodation should it prove to be necessary. The hospital at Colchester, certificated at the end of January last, has already proved of benefit to the station, syphilitic disease having sensibly diminished amongst the troops, and also amongst the common women in the neighbourhood.

WESTMINSTER HOSPITAL.

A VACANCY has occurred at this hospital by the death of Mr. Alexander Bruce, who was assistant-surgeon and lecturer on anatomy. The former appointment rests with the Governors, and the vacancy will be declared at the Board-meeting next Tuesday. Mr. G. E. Legge Pearse, a distinguished former pupil of the Westminster Hospital, who has for the last three years been Demonstrator of Anatomy at the hospital, is a candidate for the office, and will no doubt have the support of the medical staff of the institution.

GEORGE CUBITT, Esq., M.P., has generously given £1000 towards providing a local hospital for Dorking. Other gentlemen in the neighbourhood have liberally contributed to the fund so established, and there is little doubt that the requisite amount will soon be made up.

AT a meeting of the profession at the School of Medicine in Sheffield on Saturday, the 3rd inst., it was unanimously resolved to form a Medico-Chirurgical Society for Sheffield and the neighbourhood. Promises of support have been already received from forty practitioners.

THE Registrar of the Castlemartyr district, in the county of Cork, in his Quarterly Return to the Irish Registrar-General, mentions an instance showing the "savage ignorance" which still exists in many parts of the country. A child was dying of jaundice, when the registrar (a medical man) was sent for to see him, and on his arrival he found that, by the advice of an old woman, porter, an infusion of barberry, and—as a stimulant—sheep's dung, had been administered. But the child died, nevertheless.

MR. WHITWELL, of St. John's College, Cambridge, has been elected to the scholarship for Natural Science at Trinity College. The examination was open to all undergraduates of Oxford and Cambridge. Ten gentlemen presented themselves, all from Cambridge.

THE *Practitioner* for this month maintains its reputation for the practical character of its papers: among which we notice "Remarks on the Treatment of Chorea," by Dr. Bristowe; "On the Use of the Ether Spray in Operations about the Anus," by Mr. Holmes Coote; a short paper by Mr. Higginbottom, F.R.S.; and a good practical one by Mr. Durham "On Tracheotomy." These, with reviews and notices, make up a good number.

OWING to the unanimity of the medical profession in Rochdale, the proposed scheme of introducing a homœopathic ward into a general infirmary has, we understand, completely failed; and it is probable that, should the subject be again revived, it will meet with even greater disapprobation.

THE number of fever cases at the Mauritius, both in town and certain of the country cantons, was on the increase by the latest intelligence. The mortality had not increased in a corresponding ratio, however, except at Flacq. At Port Louis, Mahebourg, and Rivière du Rempart the disease was still prevalent; but the higher portions of the island were free.

THE Lord Mayor of Dublin, Sir Wm. Carroll, M.D., gave a splendid ball and supper in the Mansion House to H.R.H. Prince Arthur, his Excellency the Lord Lieutenant, the Countess Spencer, and a distinguished circle of the nobility, gentry, and citizens of Ireland. The ball was of a most brilliant character, and added much to the reputation of the first of our profession who has held the post of Lord Mayor of Dublin for unbounded hospitality and discriminating taste and judgment.

ANOTHER and another asylum full and needing immediate enlargement! Such is the tale we tell from week to week. In the present case the Glamorgan County Lunatic Asylum is concerned. Both sides of the house are full, says the chairman, and it is imperative that additional accommodation be at once provided for females as well as males. During the year 1868 there were 356 patients admitted. The only spare beds are those obtained by death or discharge, and room for surplus patients has to be obtained elsewhere. Plans for additional buildings have been prepared, but rejected by the justices; and there the matter stands.

THE officers and constables of the Sunderland Borough Police Force have presented their surgeon, Mr. Matthew Francis, with a handsome timepiece, mounted upon an onyx base, as a tribute of the respect and esteem they feel for his professional character and services.

THE last quarterly number of the *Westminster Review* has reached us. It contains, as usual, several papers of interest to medical readers upon scientific and social topics. The first article, "On South Africa," is a very good paper, containing a large amount of information on the topography, climate, and natural history of the Cape. Another useful article is "On Domestic Fireplaces." Mr. Mill's speech "On Capital Punishment" is considered; and a reply is given to his argument, which, if not so convincing as the reviewer appears to think, is still an able statement of the views of those who advocate its abolition. We must be content with directing attention only to the article "On the Philosophy of the Age in its relation to Social Evils."

DR. WHITMORE, in his report on the health of Marylebone during the last month, noticing the prevalence of typhoid fever in some parts of the parish, remarks that much difference of opinion prevails among eminent authorities relative to the nature of the poison producing the disease. There can be no hesitation about the adoption of sanitary measures for the destruction of the poison germs, and for the removal of all kinds of conditions prejudicial to health. Dr. Whitmore very properly lays great stress on the importance of keeping the sewers thoroughly disinfected and ventilated.

WE are glad to learn that Dr. Crum Brown has been unanimously elected by the curators of the University of Edinburgh, Professor of Chemistry, in the room of Professor Playfair.

A PETITION was presented to the House of Commons last week by Mr. McLaren, from the Lord Provost, magistrates, and Council of Edinburgh, in favour of the Pharmacy Act (1868) Amendment Bill, which passed its second reading on Monday night, and which reserves the rights of the Scotch veterinarians, exempted by an oversight from the Act of last year.

UNDER the will of the late William Thomas, Esq., of Brompton, the following munificent bequests are made to medical charities: — Consumption Hospital, Brompton, £2000; Charing-cross Hospital, £1000; Middlesex Hospital, £500; Westminster Hospital, £500; Convalescent Institution, Walton-on-Thames, £1500; Convalescent Institution, Seaford, £1000; Royal Hospital for Incurables, Putney, £1000; Idiot Asylum, Earlswood, £500; Royal Sea-Bathing Infirmary, Margate, £500. The reversionary legacies include Royal Free Hospital, Gray's-inn-road, £1000; Royal Hospital for Incurables, Putney, £1000; Convalescent Institution, Seaford, £1000; Metropolitan Convalescent Institution, £1000; Asylum for Idiots, Earlswood, £500; King's College Hospital, £500; and Royal Sea-Bathing Infirmary, Margate, £500.

THE annual meeting of the subscribers of the Devonshire Hospital and Buxton Bath Charity was held on the 3rd instant. Dr. Robertson, in his address, stated that a capital sum amounting to £6514 17s. 7d. had been expended by the board of management on the buildings, fittings, and grounds of the hospital, on the faith of a promise as to a legal conveyance of the property by the agents of the Duke of Devonshire. Some difficulty was experienced in carrying

this into effect, but that has been overcome, and now the transfer is completed, the property being subject to a yearly rental of five shillings, and to a reversion to the Devonshire family should the institution itself ever fail to be used for charitable purposes. Certain alterations have been made in the managerial staff of the hospital. The grounds of the hospital have been largely improved. A valuable set of meteorological instruments have been provided by public liberality, and the number of patients has increased. The subscription list, however, does not satisfy the hospital authorities. We regret to observe the failure of the attempt to establish a Samaritan Fund, an adjunct eminently useful to the more general resources of hospitals.

MILITARY MEDICAL INTELLIGENCE.

IN the discussion upon the Military Estimates in the House of Commons on Monday night, Lord Bury alluded to the fact that there was no fund to defray the cost of giving invalid soldiers change of air. His lordship appears to have referred to a regiment quartered in London—necessarily, therefore, one of the Guards' regiments;—and we cannot but think he has been misinformed, and will, we believe, find that the funds of the several hospitals of the Guards are liberally supplied with every requisite, and that there is provision made both for the invalid soldiers to go to the seaside when necessary and for their travelling expenses. The whole system of the Guards' requirements being separate from that of the rest of the army, it is not surprising that the Secretary for War should be ignorant of the arrangement.

The invalids brought from Ceylon by the Indiaman *Queen of the North* are stated to have been sent from Portsmouth to Netley Hospital by train; this, it is said, being the first instance of sick soldiers being so sent, instead of in the usual flat-bottomed boat named the *Florence Nightingale*, which is towed up Southampton Water by a tug. Whoever has seen the crowded state of this misnamed hospital-lighter, and has ventured to go below as soon as or before the sick have been removed, will have had a fair notion of the black-hole of Calcutta, and will have enjoyed a stench which would drive the amiable lady whose name the boat bears out of her senses. The lengthened voyage, under these circumstances, must be trying enough without the difficulties, and even dangers, which supervene occasionally in getting the boat alongside the pier at Netley; and we trust that the example which has now been set will in future be followed on all occasions.

Deputy Inspector-General of Hospitals J. A. Guise, of the Indian Medical Department, has been permitted to retire from the service on a pension of £550 per annum, together with the additional pension of £250 per annum, with effect from March 31st, 1869. Deputy Inspector-General of Hospitals, T. Hastings, who has been serving with acting rank, will have permanent rank from the above date.

NAVAL MEDICAL INTELLIGENCE.

CONSEQUENT upon the retirement of Inspectors-General Sir David Deas, Dr. Burn, and Dr. Stewart from active service, which we announced last week, Deputy-Inspectors Charles A. Anderson, M.D., and W. R. E. Smart, C.B., M.D., have been promoted to inspectorial rank. Dr. Anderson has been up to the present time in charge of Melville Hospital at Chatham, and will be succeeded by Dr. H. J. Domville, C.B., recently in charge of the Marine Infirmary at Woolwich. Dr. Smart has been recently in charge of Greenwich Hospital, and will continue in that office—for the present at least. Both the inspectorships at Haslar have simultaneously become vacant, but we have it on the best authority that this is in no respect consequent upon the recommendations of the recent Civil Commission. Dr. Jas. Salmon, promoted last December from Woolwich, will succeed Sir D. Deas, but Dr. Burn's appointment will not be filled up.

The Greenwich Hospital pension of £50 a year, vacant by the death of Mr. James Hall, surgeon R.N., on the 30th ult., has been awarded from that date to Mr. Charles Henry Fuller, Deputy Inspector-General of Hospitals, R.N. Mr. Hall was a surgeon of 1809.

From a recently printed official return, it appears that the total naval estimates for the year ending March 31st, 1868, were very considerably exceeded by the actual expenditure, though some of the individual votes showed a surplus. Thus, of the two votes connected with the medical department, vote 8, for medical establishments, showed a surplus of £1348 13s. 4d.; whilst vote 12, for medicines and medical stores, showed an excess of expenditure amounting to £7076 16s. 7d. The surplus in the former case was caused by fewer nurses and other servants having been required, principally at Malta, Haslar, and Plymouth Hospitals, the number of patients having been less than in previous years; and by a less number of medical officers having been employed at Hong-Kong than was provided for. The excess in the latter case arose from increased prices of provisions, coals, and medical comforts supplied, as compared with the previous year on which the estimate was framed; and from increased expenses incurred at sick quarters at home and abroad, more especially in China, beyond the average expenditure of the previous years on which the estimate was based (£7072 5s. 2d.). The excess occasioned by the expenditure for the Abyssinian expedition, for which no provision was made in the navy estimates, only amounted to £4 11s. 5d.

It appears probable that an order will shortly be issued by the Admiralty authorising the wearing of beards by the officers and men of the navy, a boon which will be fully appreciated.

We may remind our younger readers that there will be no entry of assistant-surgeons for the navy in May, nor indeed until further notice.

THE MEDICAL ASPECTS OF THE FACTORY ACT.

THE half-yearly report of the Inspectors of Factories has recently been issued, and is chiefly remarkable for the conflicting opinions recorded. We are told by Mr. Redgrave "that the large proportion of these reports are useless. Of the 2789 accidents, above one-half (1412) were not caused by machinery, and, of the remainder, a very great number were purely accidental." The same gentleman considers that surgical (medical?) certificates for young persons employed in factories are not necessary, and that the substitution in lieu thereof of a certificate of the real age of a child or young person would be much more simple and more satisfactory to a large number of employers. On the other hand, it is reported by Mr. Baker that "ever since the Act of 1844, when accidents occurring in factories were first directed to be reported, they have increased in number, notwithstanding all our care, and notwithstanding all the fencing of machinery which has since taken place." And again: "Not only are not all the accidents recorded, but those that happen in workshops may be co-equal with those happening in factories, and of them we know nothing." This gentleman thus states his opinion as to medical certificates:—"If we recall to mind the condition of the children physically, on which ground alone the outcry for an Act was raised at first, arising not more from the disregard of parents for their offspring than from the neglect of the employers, and that the greater mischiefs arise in the smaller factories and workshops rather than in the larger, there can be no doubt that, without the protection of the surgeon's certificate, we should soon experience anew the physical evils of factory work as they exhibited themselves from 1827 to 1834." It is not necessary to quote further,

because the above extracts show decidedly the unsatisfactory character of this report. We fail to appreciate the line of argument adopted by Mr. Redgrave with reference to medical certificates. The Act that has recently come into operation was framed for the express purpose of ensuring, as far as practicable, that weakly children and young persons shall not be employed in occupations that manifestly deteriorate physical health, and of placing certain restrictions upon the hours of labour. It is but common sense to assert that the first-quoted object of the Act cannot be properly carried out except under medical auspices; and we believe that few persons will be found to agree with the observations of Mr. Redgrave, which indicate that employers are always competent judges as to the physical condition of their workpeople. The terms of this Act have not unnaturally caused a certain amount of dissatisfaction among factory proprietors, and many recent experiences have shown us that no sanitary reforms can be accomplished without difficulty and opposition. But however imperfect the Act may be, all should know that it is yet on its trial, and that few, if any, crucial tests can have as yet been made as to its utility. In predicting happy and wholesome results, if its provisions be faithfully administered, we counsel the gentlemen above-quoted to wait and watch. Who shall decide when inspectors disagree?

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

THE members of this Association met together in session on Thursday evening, the 8th inst., at the rooms of the Medical Society of London. After the confirmation of the minutes of the last meeting, and the election of a few new members, an important memorandum, drawn up by the Council of the Association, and intended for presentation to the University Court, was read by the Honorary Secretary. The memorandum related to the regulations concerning the conferring of medical degrees by the St. Andrews University on persons who have not kept terms at a university. It set forth that for a long series of years, the University of St. Andrews was empowered to confer the M.D., after examination, on practitioners who had not received their education there. The Universities (Scotland) Act appointed certain Commissioners to revise the regulations of the Scotch Universities, and they were advised to provide uniformity in the manner of granting degrees in the Scotch Universities generally. The Commissioners, finding that the circumstances under which the St. Andrews University conferred degrees were peculiar, did not require "that every candidate should have passed one of his four years of study in the University itself," but they required "that two out of the four years of study should be spent in a University." But this new regulation could not meet the case of those who had not studied for a University degree originally, and were desirous, after a few years of successful practice, to take the M.D., and who had hitherto been enabled to do so at St. Andrews. The Commissioners therefore, in addition, empowered the University of St. Andrews to grant the M.D. to registered practitioners of established position, above forty years of age, without restriction as to the schools at which they had been educated, after passing a proper examination; but they limited the number in any one year to ten. The University, in fact, has been able to grant its M.D. of late years to two classes of persons. To those of any age, and in any numbers, who had kept terms at some University; and, secondly, to registered practitioners who had been in practice many years, to the number of ten only in a year; in both cases after examination. Very few of the former class present themselves for examination. The object of the memorandum is to set forth the necessity for doing away with the restriction as to the yearly number of registered practitioners who may present themselves for the degree of M.D., which cannot, *per se*, exclude unworthy persons, at the same time that it may do injustice to worthy candidates. The alteration which the Council of the St. Andrews Medical Graduates' Association desire, may be gathered from the following quotation from the memorandum:—

"It would seem to be just to require of candidates for the medical degree who have not kept terms at a University that they should in lieu thereof show that they have been a certain time in the actual practice of their profession; but the present requirement of nineteen years is much too long. All the advantages of such a provision would be obtained by requiring all candidates to show that they have been for five years possessed of a medical or surgical qualification, such as would entitle them to be registered under the provisions of the Medical Act.

"For such persons a searching and extended examination should be accepted as the sole and sufficient test of qualification for a degree. The Commissioners have provided a staff of examiners to test the knowledge of candidates in all the branches of medical science, and the power of visitation of examinations possessed by the General Council of Medical Education and Registration of the United Kingdom ensures the honest and faithful execution of their duty.

"By the present regulations many persons well qualified for the degree of Doctor of Medicine are prevented from obtaining it at a time when it might be of service to them."

Dr. Wynn Williams moved the adoption of the memorandum, and that it should be presented to the University Court.

This was seconded by Dr. Crisp.

A somewhat brisk discussion was carried on. Some of the speakers urged that no restriction whatever should be placed upon candidates for the M.D., but that the examination alone should be relied upon. Whilst there was a very general agreement that this would be desirable if adopted generally by the examining bodies, yet the meeting was entirely of opinion that this could not be asked for in the case of the St. Andrews University only. The speakers drifted away from the particular point elaborated in the memorandum, until they were brought back thereto by Dr. Day, of Stafford, who said the matter they had to consider was whether it was desirable that the University should admit more than ten registered practitioners to the degree of M.D. in the year, and whether it was politic to ask for more in the way of reform than the removal of the limitation to this number.

Dr. Sedgwick explained that at present anyone who had resided at a University could obtain the M.D. by examination alone, without other restrictions, as suggested by some of the speakers. The case which they were discussing was entirely different, and referred to those who had never studied perhaps at a University. All the regulations for the Scotch degrees were uniform, save in the case of the restriction they were now trying to get removed.

The motion for the adoption of the Memorandum was then carried.

A paper by Dr. Polli, of Milan, was read "On Experiments with Haschish," made some years since, but which had not been fairly recorded. Dr. Polli and two friends held a *séance* of their own, and took the drug until they became fully under its influence. The first sensations were of intense astonishment at the circumstance that they found themselves no longer masters of their own acts, whilst they remained lucid witnesses of the acts of others. Dr. Polli says: to feel one's own identity changed, or as it were divided; to feel one part preserving its integrity, while the other part plays the fool; to find oneself strongly disapproving of the acts of a neighbour under the same influence, and, while acutely perceiving the folly of his proceedings, to be unable to refrain from entering into his whim,—is a mental phase full of interest. The sense of division of identity seems to be the effect of two successive and alternate states of mind: at one moment the intellect is obscure, and loses itself in the forgetfulness of the past, and then it returns clear, and is able to form a judgment for the moment, but only to be involved in that state of automatic folly which is so peculiar a phenomenon in haschish intoxication. The rapid and varied succession of numerous ideas which passed through the mind gave an extraordinary slowness to time—a few moments seemed a life-time. The drug produced a wonder-

ful good humour in all three experimenters. This explains the secret of the magical influence which the "Old Man of the Mountain" is said to have exerted over his adepts, to whom he drank in haschish. One of the experimenters became faint, semi-paralysed, cataleptic, and anæsthetic generally, and sensation returned capriciously with frequent relapses. Dr. Polli seemed to have symptoms like hydrophobia. Hallucinations were present. The muscular actions differed in the three, being gesticulating in one, tetanic in part in another, and cataleptic in the third.

A paper, by Dr. Cordwent, "On a Case of Sudden Death of a Woman delivered in the standing position," and ascribed to the entrance of air through the uterine sinuses, was next read. The author rather inclined to the practice of not removing the placenta so early as is the custom after delivery, believing that it is better to let the uterus expel it. Where a healthy child is born, there is never disease about the placenta.

The last paper was a most able and exhaustive one by Professor Eckhard "On the Movements of the Iris," in which he attempted to show that it cannot be any longer doubted that the trifacial is contractor of the pupil, though it is difficult to explain exactly how this nerve acts.

Professor Eckhard's paper "On Hydruria" was unfortunately postponed, owing to his unavoidable non-attendance.

THE NEW BUILDING OF THE UNIVERSITY OF LONDON.

THE new classic building for the University of London in course of erection in Burlington-gardens, is now steadily advancing towards completion. The original scaffolding is being taken down, and one is enabled to judge pretty correctly of the appearance which the building will present when fully completed, and of the accommodation it will afford. Whatever differences may have existed hitherto on the point, it is quite certain that there is now a very general opinion that the building will be one of the handsomest in London, and worthy of the institution which will shortly locate itself within its walls. Through the courtesy of Mr. Pennethorne we have been enabled to examine various plans, and to learn much concerning this building; but it would be tedious and out of place to enter into any lengthy description of it. At the same time, a general description of the more prominent particulars will be read with interest. The extreme length of the building will be 250 feet; the depth about 150 feet. The front will be enclosed by a stone fence, with ornamental iron panels, and surmounted with vases and handsome lamps. The main entrance from Burlington-gardens will be by five flights of steps, leading to the portico which extends from tower to tower. But before we speak of the interior, the statuary decorations of the outside of the building may be noticed. These were very briefly referred to on a former occasion; and the following is a complete list of the figures, and the places which they will finally occupy; the names of the individuals personified will be engraved beneath the respective figures, which are very fine specimens of art.

Four seated figures on the portico (by Mr. Durham, A.R.A.), Bentham, Milton, Newton, Harvey; indicating the four faculties of the University, as represented by Englishmen illustrious in arts, science, law, and medicine respectively.

Three standing figures on the roof-line of centre west half (by Mr. Woodington), Plato, Archimedes, Justinian; and three others, east half (by Mr. Westmacott), Cicero, Galen, Aristotle; indicating men of ancient times eminent in the various departments of study included in the University course.

Three standing figures in niches of the west wing (by Mr. Theed), Locke, Bacon, Adam Smith; and three others in the east wing (by Mr. McDowell, R.A.), Cuvier, Leibnitz, Linnæus; indicating distinguished representatives of modern knowledge, half Britons and half foreigners.

Three standing figures on the roof of the west wing (by Mr. Noble), David Hume, Hunter, Sir H. Davy; and three others on the east wing (by Mr. W. Wyon), Galileo, La Place, Goethe; indicating distinguished representatives of modern knowledge, half Britons and half foreigners.

On entering the portico it will be possible to pass into the centre of the building, or to the left or right, so as to gain access to the east and west corridors on either side. These corridors communicate with the large theatre on the east, and a large lecture room, or semi-library, on the west. The central corridor communicates, at right angles, of course, with the two side corridors just mentioned, and runs through the centre of the building. In addition to the theatre and the large lecture room, there are, on the ground floor, the offices, and at the south side of the building two examination rooms, with others adjoining them for the examiners: each of these rooms is 61 feet by 33 feet. The large theatre, which will be used for the conferring of degrees and the like, will hold about 700 people, and is one-fourth larger than the House of Commons meeting-place; it is 71 feet by 51 feet, and from the ceiling to the platform 45 feet in height. It has a gallery, and is entered from the east corridor, and by a staircase from the east examination room. It will be lighted by sun-burners at night. The large lecture room at the west end of the building is of the same size as the theatre. The principal staircase is opposite the central entrance, through the portico; its dimensions are 33 feet by 24 feet, and 54 feet in height. It is lighted from above. There is to be a good deal of handsome stone work and groining about it. From its half landing the principal library on the south will be entered; and the corridor on the first floor will lead behind to the chemical room on the left, and the anatomical room on the right,—these two being over, and the same size as, the two examination rooms on the ground floor. The senate room is towards the front of the building, and is reached from the corridor on the first floor. It is of good size, being 45 feet by 27 feet, and 29 feet high, with various private retiring rooms attached thereto. The registrar's room is hard by. The library is a square room, 33 feet by 33 feet, and of good height. It should be also mentioned that there are conveniences of every description, lavatories and the like, commodiously situated. There is a direct communication between the anatomical and the chemical rooms and the basement. The former are lighted by sun-burners. At the top of the building there are sleeping and other apartments for the resident officials, which need not be noticed further. There will be a balcony running along the greater part of the front of the building, which can be approached from the lateral corridors. The whole structure will be warmed by means of hot water. It will thus be seen that every provision has been made for the convenient holding of examinations, which is, of course, one of the first considerations. One thing very desirable is the formation of a good library; and we cannot but hope that Government may feel disposed presently to aid in the promotion of so worthy and useful an object.

THE WESTMINSTER HOSPITAL DINNER.

ON Wednesday evening a large number of the friends and supporters of the Westminster Hospital dined at Willis's Rooms, under the presidency of the Lord Chancellor. His Lordship was supported by Lord Charles Russell and by the Dean of Westminster. In proposing the toast of the evening, "Prosperity to the Westminster Hospital," the noble and learned Chairman rapidly traced the history of the foundation and progress of the charity, and strongly urged its claims to support. The Dean, in returning thanks for the clergy, spoke of the hospital, and the other local charities, as being defensive outworks of the Abbey, calculated to protect it against the assaults of all enemies; and took a tone which rather recalled to mind the familiar criticism that Dean Stanley has regarded the Abbey from every possible aspect—excepting as a place of worship. Dr. Basham returned thanks for the medical staff, and made a touching allusion to the loss sustained by the Hospital in the death of Mr. Bruce. At intervals during the evening the Secretary read lists of donations, amounting on the whole to more than £1700; but it was announced that about £4000 will be required for necessary repairs; and we sincerely trust that the Committee may succeed in obtaining that amount.

Correspondence.

"Audi alteram partem."

ST. LUKE'S HOSPITAL FOR LUNATICS.

To the Editor of THE LANCET.

SIR,—In THE LANCET for the 20th of February you had an annotation with reference to some letters which had that week appeared in *The Times*, on the government and condition of St. Luke's Hospital. You concluded your annotation with the remark, which I cordially endorse, that "*there can be no question that the hospital should be removed to the country, where it might be organised in accordance with modern principles and become the nucleus of what is so much needed—a middle-class asylum for the metropolitan counties.*"

On the 27th of February, the Committee of St. Luke's published a letter in *The Times* (noticed in THE LANCET of March 6th), stating, with reference to the various strictures on the management of St. Luke's Hospital recently published by the press, that they had addressed a letter to the Lord Chancellor, requesting that he would cause an independent inquiry to be made as to the condition and management of the hospital.

The Times of the 2nd inst. informs its readers, in a long article on St. Luke's Hospital, that the Lord Chancellor has replied to this letter of the Committee, by informing them that he had no jurisdiction in the matter. If the Committee still continue desirous—as they expressed themselves—of an independent inquiry, it is open to them, as a next step, to appeal to the Commissioners in Lunacy, or to the Royal College of Physicians, either of whom would doubtless nominate a committee of independent persons interested in the treatment of the insane, and capable of solving the disputed questions relative to the management of St. Luke's Hospital.

In the meantime I would ask your leave to make a few remarks on the present position and management of St. Luke's Hospital.

1. I would observe that the original object of the foundation, the care and treatment of the insane poor, has, since 1845, been transferred by the Legislature to the county asylums, erected and maintained at the cost of the ratepayers. The necessity for the admission of patients on the foundation no longer exists at all. Every lunatic whose friends are unable to defray the cost of his treatment is sent, in the metropolitan district, as a matter of course, to the asylums at Hanwell or Colney Hatch, or to that of the county in which he has a settlement. In these county asylums the pauper lunatic is placed under circumstances more favourable to his cure than it is in the power of the Governors of St. Luke's to offer.

2. On the other hand, another class of the insane, of which the small shopkeeper may be taken as the type, are unable to procure any treatment at all. Excluded by Act of Parliament from the county asylums, to the building and maintenance of which they nevertheless have, as ratepayers, contributed, they are yet unable to meet the cost of maintenance demanded in the private asylums. Even the weekly charge of £1, at which of late years patients have been admitted at St. Luke's, is entirely beyond their means. As medical superintendent of a large county asylum, I am every week compelled to refuse admission to this, the lower middle-class of patients. Herein is alike the opportunity and the duty of the Governors of St. Luke's. By adapting their arrangements to the requirements of the day, and replacing their free foundation patients by a second-class paying a weekly rate of 10s., they would alike relieve the wants of the most neglected of the insane and redeem their financial position. Two hundred patients, at 10s. a week, added to 100 at the higher rate of £1 now paid, should almost place the hospital on a self-supporting basis. Added to the yearly income from the dividend, donations, and legacies, this scheme would place the finances of the hospital on a perfectly safe footing, would leave a yearly balance, and enable the Governors to discontinue the suicidal policy they have followed for the last eighteen years, during which they have applied £23,000 of capital to the payment of the maintenance charges. They last year sold £3000 Consols to pay tradesmen's bills. It is needless to dwell on the fruits which follow the spendthrift treatment of capital as income.

3. The arrangements of the medical staff at St. Luke's would also necessarily be an object of examination in such an inquiry as the Committee solicited from the Lord Chancellor. Here, also, the practice of the hospital is behind the day. The county asylums of England (erected since 1845), whose fame has gone forth into all the civilised world, and which have become the model of similar institutions elsewhere, have, under the wise influence of the Commissioners in Lunacy, been placed under the single control (in all departments) of one resident physician, who receives a liberal salary, and is required to devote himself solely to the duties of his office. It is allowed, by all conversant with the management of the insane, that this autocratic government, influencing every detail of the daily life of the insane, is the great source of the success of the county asylums. At St. Luke's, on the other hand, the medical treatment and the authority in the hospital are divided in a motley fashion. The medical treatment is conducted by two physicians who reside in the West-end of London, and visit the hospital twice or thrice a week. Anyone conversant with the hourly requirements made on the skill and judgment of the resident superintendent of a county asylum, will see how mischievous the arrangement at St. Luke's in the nature of things is. Next, there is a resident medical superintendent, who, in all medical detail, is under the visiting physicians, and so far injuriously hampered in his work. The domestic government of the house, which in the county asylums is equally under the control of the one medical chief, is at St. Luke's entrusted to the steward and matron; and who, to add to the complication, are, moreover, man and wife. Anyone familiar with the internal arrangements of a county asylum must know the position in which the resident medical officer must find himself in the face of these powers, and the daily bickerings (such as I know for years to have been the internal domestic history of the hospital) which will result from this divided jurisdiction.

4. The site of St. Luke's is another question for the independent inquiry which the Committee solicit. It has again and again been condemned by the Commissioners in Lunacy; and it would be difficult to find any physician conversant with the treatment of the insane, who would not at once endorse their recommendations for the removal of the hospital into the country. On the other hand, the Committee have certainly done all in their power to adapt the buildings and site to the requirements of the present time, unsatisfactory though the result be. The original institution occupied a site facing what is now Worship-street. The present site was selected in 1750, and the building commenced in 1782. It was erected by voluntary contributions, at a cost of £50,000, upon leasehold ground belonging to St. Bartholomew's Hospital. The lease is held for a term of forty years, renewable every fourteen years on payment of a fine of £200, and at the yearly rent of £200. This lease provides that the building shall not be sublet or used for any other purpose on pain of forfeiture; and it has always been stated that the Governors of St. Bartholomew's refuse to grant any indulgence from these terms. It would, of course, be a frightful sacrifice of property for the Governors of St. Luke's simply to forfeit their lease by removal of the hospital into the country. The site alone must be worth at least £50,000. It can hardly, however, I think, be supposed that a Legislature which is now dealing so wisely yet so summarily with the Ecclesiastical Corporations of Ireland, would allow the Governors of St. Bartholomew's thus to play the dog in the manger and obstruct a great public benefit, by insisting on the letter of their bond. Were the Governors of St. Luke's to appeal to Parliament for aid in this difficulty, the question would doubtless be at once equitably settled.

You will thus, Sir, see how strongly I concur, as you have done, with the Treasurer and Committee, in the desire they expressed in their letter in *The Times* of the 27th February, for an independent inquiry as to the condition and management of St. Luke's Hospital.—I am, Sir, yours &c.,

C. LOCKHART ROBERTSON, M.D.

Hayward's Heath, April 3rd, 1869.

*** Our correspondent does not appear to have noticed that *The Times* mentioned that the Commissioners had refused to institute an inquiry.—ED. L.

CONTINUOUS PRESSURE IN ENLARGEMENT OF THE LIMBS.

To the Editor of THE LANCET.

SIR,—In the report, contained in THE LANCET of the 3rd inst., of the proceedings of the Clinical Society on Friday, March 12th, it is stated that in the discussion which followed Dr. W. H. Day's able and interesting communication, "Dr. Cholmeley and Mr. Barwell expressed the opinion that the enlargement of the limb was due to excessive arterial supply, and that accordingly the proper treatment would be to apply continuous pressure to the femoral artery." You will, I hope, allow me to state that I did not express, and certainly did not wish to convey the impression that I held, any such opinion. I described a case of great enlargement of the right lower extremity, in a child which had been under my care, and which presented many points of close resemblance to Dr. Day's case, but differed from it in not showing any visible enlargement of the lymphatics, and in which I had tried, among other things, pressure of the femoral artery, but without any satisfactory or lasting result.

I am, Sir, your obedient servant,

Russell-square, April 12th, 1869. WILLIAM CHOLMELEY.

ST. GEORGE'S, SOUTHWARK.

To the Editor of THE LANCET.

SIR,—You have in your last issue, p. 511, honoured me by noticing my intended retirement from a London vestry. The consequence is, some friends of mine have been questioning me about what they are pleased to call my hasty step. Will you allow me to give an explanation in your pages? I ask this because it may in addition serve a public purpose. For years past I have endeavoured to bring about a serviceable connexion between the medical officers of the vestry and guardians in my parish, so that no first, or at most second, case of typhoid or typhus in filthy and crowded homes should fail to be reported promptly to the sanitary authorities. With us, the first cases of these fevers occur almost uniformly among the poor in receipt of parish relief, who are attended by the Poor-law surgeon. This being the case, if five, six, seven, or eight cases of fever occur week after week successively in the same rooms, it is a public scandal. Two cases of this sort have now been brought to my notice by charitable ladies visiting in our parish. In each seven or eight cases of typhus had occurred one after another; in one the father and mother died, leaving the children to public charity. In the last three years we have had 127 deaths from fever, and about 1000 cases. This last year we have sent 167 fever and allied cases to the Fever Hospital, 162 of which were paupers. The Act under which our medical officer of health is appointed states that he is "to take cognisance of the fact of the existence of any contagious or epidemic diseases, and to point out the most efficacious mode of checking or preventing them." But if in a population of nearly 60,000 people, closely packed as we are, he is not informed of the cases, how is he to use the powers of prevention? The guardians wish to co-operate, and to do what is best, they say; and pass very humane resolutions, *requesting* their medical officers to do this needful work. But they appear to shirk in ordering it, and paying for it, or declaring right out that this is, or is not, already part of the duty the medical officers under the Poor-law have engaged to perform. The fact is, that the essence of the Poor-law system, as administered of late, has been to act upon the cheap principle of pressing very hard indeed upon individual responsibility, especially upon subordinates; but to act spasmodically under the influence of panic of public opinion, if anything unfortunate should turn up: in this last case, throwing overboard any unfortunate scapegoat; and then, the storm overpast, to drop the subject quietly until the next similar cycle. In this way no doubt the unfortunate medical officer is to be treated with us. I decline, however, to be a party to the transaction, and I decline being subjected to a vestry squabble when I think it my duty to move in such matters. How guardians can consent to incur obloquy for doing, or failing to do, in connexion with such a system of time-serving, and gross inequality in every way, is past my comprehension. I have now proposed to our sanitary committee, and it is unanimously agreed to submit to my vestry (St. George's, Southwark) a plan of immediate report of fever cases, and a summary report at every meeting of the guardians and sanitary authorities, so that no cases shall hereafter be overlooked. I have, further, explained that the reason why this "fuss" is made about fever is, because typhus is among us—almost, if not quite, the best test of overcrowding and chronic animal filthiness; and typhoid, the test of bad drainage, &c. If my scheme is adopted, I go to the vestry and co-operate as before; if not, my duty lies outside, to visit the cases myself, and on neglect or contravention of the law as we have to administer it, to try an inquest or two in any fatal case. Because one leaves a vestry, or any other public body, it is not implied that duty is abandoned or neglected. It might possibly happen that the only way left open to a man might be to leave his place, and do his work outside. While we have such a splendid public press, this mode promises success after all others fail, and no one knows this better than I do.

I am, Sir, your obedient servant,

Newington-Causeway, April, 1869. W. RENDLE.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

SOME short time since it was my melancholy duty to have to announce to the readers of THE LANCET the death of Maurice Collis, Surgeon to the Meath Hospital; but at the time I did not consider it prudent to allude to a movement that had been originated, on the part of some of his admirers and friends, to raise a fund for his family, which had been so prematurely deprived of his exertions just at the moment that he was running into remunerative practice. The event has justified my reticence, inasmuch as his family have declined all such assistance; but his friends, determined at all hazards to evince their love for his memory and appreciation of his devoted services to the profession he adorned, have resolved to raise a subscription for the erection of a ward to his memory in the hospital he so truly loved, in which he worked so worthily, and in the operating theatre of which at last he sacrificed his valuable life. The subscription list already represents a handsome sum; and I feel convinced that in his death, as in his life, he will have advanced the interests of the institution in which he took so warm an interest.

At the last meeting of the Council of the Irish Medical Association, as was expected, an address of condolence to his bereaved widow was unanimously adopted, deploring the loss of their chairman, Mr. Collis; but many of the members of the Committee were taken by surprise—a surprise deeply tinged with feelings of intense sorrow—to hear then for the first time the announcement of the death of one of the most venerated of their members, formerly on many occasions their president, and at the period of his death one of their vice-presidents, Thomas Lewis Mackesy. A provincial surgeon, practising in one of our cities of second-rate importance, Dr. Mackesy, by pure dint of energy of character, of unselfish devotion to the advocacy of the best interests of his professional brethren, of an unsullied professional and general reputation, won for himself first a seat upon the Council of the College of Surgeons, and subsequently achieved the hitherto unequalled honour of being the only provincial surgeon who ever became its president. It has been my duty, on former occasions, to bring this gentleman's name prominently before the notice of your readers as that of one who took a warm and enlightened interest in the progress of our profession and in all that affected its material prosperity. Many men may boast of the inclination to act as he did, but few are so blessed by the gifts of Providence as he was, and at the same time possessed of his noble and philanthropic views. Of commanding intellect, of untiring energy and zeal, of great self-abnegation,

in competent, if not affluent, circumstances (thanks to his own exertions during a long and prosperous professional career), he seemed to think of nothing so much as of how he could place all his professional brethren in a better position than they occupied when he first took up their cause. A magistrate, a poor-law guardian, a large landed proprietor, a consultant in whom, deservedly, was placed a large share of public confidence, he employed every advantage which his practice conferred upon him in elevating the character and upholding the dignity of that profession to which he owed all. And how disinterested was the spirit in which all this was done may be inferred from the fact, communicated to you at the time, that he refused the honour of Knighthood tendered him by the late Earl of Carlisle on the occasion of the inauguration of the Albert Hall in our College of Surgeons during his year of presidency. Dr. Mackesy commenced life as an Assistant-Surgeon in the Royal Artillery, but early in life left the army and settled in Waterford, where he speedily gained the confidence of both rich and poor, and for many years enjoyed a large and remunerative practice. Some years ago he lost his eldest son, also in our profession, and who occupied a leading position in Waterford. This untoward event preyed much upon his spirits, and he soon began to decline in health. The ultimate cause of his death, however, was Bright's disease, and in his seventy-eighth year he sank to rest, carrying with him to his grave the universal respect and admiration of every member of his profession throughout Ireland. By his death a seat upon the Council of the College of Surgeons becomes vacant, for which already the names of many candidates are announced.

The vacancy in the Court of Examiners in the College of Surgeons, caused by the death of Mr. Collis, has been filled up by the election, on Saturday last, of Mr. Stapleton, who previously for many years had filled that post, but who had not been re-elected last year, our elections at the College, your readers will remember, being annual ones. The vacancy amongst the surgical staff at the Meath Hospital, caused also by Mr. Collis's death, will not be filled up until next Saturday: for this post also there are many candidates.

Parliamentary Intelligence.

HOUSE OF COMMONS.

APRIL 12.

CAPITAL PUNISHMENT ABOLITION BILL.

Mr. GILPIN brought up this Bill, which was read a first time.

Mr. JOHN D. LEWIS has given notice that on the second reading of the Bill he will move that it be read a second time that day six months.

WORKSHOPS REGULATION ACT.

Mr. BRUCE, in answer to Mr. AKROYD, said that the Workshops Regulation Act has not been enforced at Birmingham, although there is no town in the whole of the empire which requires it more strongly. The Secretary of State has not compulsory power to enforce the provisions of this Act. All that can be done is to remind the local authorities of their duty, and to expostulate with them.

SUPPLY

On the vote of £366,800 for hospital establishments, services, and supplies,

Lord BURY adverted to the item of £1123 under the head of contingencies of the medical department, and said he had been informed that in a regiment quartered in London several invalids were ordered for change of air to some place on the sea-coast; but they were unable to take advantage of the order because no fund existed to pay their travelling expenses. The consequence was that the services of these men were likely to be lost to the country, and therefore he wished to know whether the item in the vote for travelling expenses included any travelling money for convalescents.

Mr. CARDWELL said the item alluded to by the noble lord had reference to the travelling expenses of medical officers, and there was not any sum in the estimate for the purpose mentioned by the noble lord.

Lord BURY thought it hardly creditable to the country that no fund for that object was provided, and suggested that it would be advisable to ask Parliament to vote the necessary amount.

The vote was agreed to.

The Pharmacy Act (1868) Amendment Bill was read a second time.

APRIL 13.

ST. LUKE'S HOSPITAL.

Colonel BARTTELOT asked the Secretary of State for the Home Department what steps had been taken by the Lord Chancellor in accordance with the request of the Governors of St. Luke's Hospital, as appeared in *The Times* of February 27th, with a view to inquire into its management; and whether the Commissioners in Lunacy had made any inquiry; and, if not, whether the Government intended to order them to make such inquiry.

Mr. BRUCE said that as a complaint in reference to the hospital might hereafter be brought before the Court of Chancery, the Lord Chancellor did not think it would be proper for him to institute any inquiry into a matter which might come before him judicially. The Commissioners of Lunacy had inquired into the state of the hospital, and had made suggestions, most of which had been attended to, while others had not. The hospital was not in a situation fitted for its peculiar functions, but the power of the Commissioners of Lunacy and of the Home Office over the institution was very different and much less than that they possessed over lunatic asylums in general.

EMPLOYMENT OF CHILDREN, &c., IN AGRICULTURE.

Mr. BRUCE said, in reply to Mr. AKROYD, that he hoped the final report of the Commission with regard to England and Wales would be presented in August next. As the inquiry was extended to Scotland, the entire labours of the Commission would not be completed until the end of the year.

COUNTY CORONERS.

Mr. GOLDNEY moved for leave to bring in a Bill to amend the law relating to the appointment of county coroners and for other purposes. He thought it exceedingly desirable that the appointment of county coroners should be vested either in the Lord Chancellor or the Home Office.

Mr. CUBITT seconded the motion.

Mr. BRUCE would not offer any objection to the introduction of the Bill. It could not be denied that the present mode of electing county coroners was cumbrous, expensive, and altogether unsuited to the character of the office.

On the motion of Mr. DIXON, leave was given to bring in a Bill to amend "the Adulteration of Food or Drink Act (1868)" and to extend its provisions to drugs.

The Libel Bill as amended was read a second time.

Obituary.

ALEXANDER BRUCE, M.S., M.B. LOND., F.R.C.S.

IT is with deep regret that we have to record the death of Mr. Bruce, who was carried off by typhus fever, on the 11th inst., at the early age of twenty-seven.

Mr. Bruce was one whom all who knew him looked upon as more than likely to occupy one of the highest places in his profession. Endowed with all the gifts most calculated to secure success, of an amiable, kind, and winning disposition and manners, and with a sterling, upright, and conscientious moral character, possessed of a sound understanding and a clear, logical intellect, and thoroughly trained by an extensive general scientific education, he had thrown himself into the work of his profession with a zeal and energy which had already produced more than a promise of success.

Mr. Bruce was the second son of the late Henry Bruce, Esq., of London, and grandson of the Rev. W. Bruce, D.D., of Belfast. Educated at University College, where he distinguished himself greatly, and also taking high honours at each successive step of his graduation in the University of London, he, after a short residence in Berlin, returned to fill the post of Assistant Curator to the Museum at Univer-

sity College, and soon after obtained the office of surgeon to the Islington Dispensary. In both these situations he manifested the earnestness of purpose and conscientious sense of duty which marked his whole professional career. He was a frequent contributor to the Pathological Society, and performed much painstaking and laborious work as a member of the Committee appointed by that Society for the investigation of Morbid Growths. He also early showed a happy ingenuity in his invention of the gas cautery.

His desire for professional improvement led him, in the autumn of 1866, to visit the seat of war in Germany, whence he brought back and published in our columns a valuable record of his observations on the hospital arrangements of the Prussian army, and on the wounds produced by the conical bullets used in the newly-introduced rifles.

The sterling qualities which he had thus early displayed gained for him in the following year the posts of Lecturer on Anatomy and Assistant Surgeon to the Westminster Hospital; and the work which he performed in these capacities, and especially his devotion to his duties as a teacher, fully justified the confidence reposed in him by the authorities of that school, where he laboured indefatigably up to the time of his fatal illness.

It is not known where and how he contracted the disease which has caused his untimely death. The symptoms of typhus appeared with great severity at the beginning of this month, and, in spite of the most unremitting efforts on the part of his friends, the disease proved fatal on Sunday last. His loss will be deeply deplored by a wide circle of friends who had learned to love and admire him, and by whom he will ever be remembered as one who, if spared, would have added in no small measure to the advancement of the science in which he had so assiduously and devotedly laboured.

THE CIVIL SERVICE ESTIMATES.

THE gross amount of these estimates, which really include all kinds of expenditure not comprised under the naval and military services, is £15,595,738, as compared with £15,308,276 in the year 1868-9. Among the items affecting incidentally or directly the medical profession we notice the following:—Fees to surgeons under the Factory Acts stand for £3600, against £2000 in the previous year; the inspection of factories, mines, burial grounds, and of places adopting the Local Government Act, costs neither more nor less than before. Under the Privy Council Office there appears an allowance of £700 in the current year for an assistant for public health business to the medical officer of the Privy Council. The National Vaccine Establishment, the inspection of vaccination, and the grants to public vaccinators, absorb £13,000, or £2000 more than in the previous year. The two new sanitary inspectors stand at £1800, and the expenses under the Pharmacy Act (1868) at £250—both these items appearing for the first time. Quarantine expenses are charged at £2814, or less than half the previous year's amount. The Cattle Plague Department will cost altogether this year £4537, as compared with £7743. The inspection of alkali works is set down at last year's figure, £3300; while lime-juice inspection shows a reduction from £2700 to £1280. The moiety paid by the English Poor-law Board of medical officers' salaries stands without alteration at £110,000, in Scotland at £10,200, and in Ireland at £61,490. The three Lunacy Commissions of the United Kingdom cost in round numbers £15,000. The Rivers Pollution Commission costs £5395, and the Commission on Water Supply £1500.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 8th inst.:—

Samuel Hosegood, A. H. Haines, W. T. Law, F. C. Batchelor, H. B. Bailey, J. P. Allwood, W. P. Nesbitt, G. A. Coombe, F. H. Clarke, and Arthur Cooper (Guy's); Charles Hutson, T. V. Aylen, S. T. Huggins, W. C. Head, Henry Bradford, E. A. Brain, Henry Hind, and Isaac Willcocks (St. Bartholomew's); A. W. Blyth and Walter Berry (King's College); Lionel Beech, J. B. Rose, and A. M. Bayliffe (London Hospital); H. E. Connolly (Cambridge and Guy's); Edward Fayrer (St. Mary's); John Hart (Calcutta and University College); T. H. Brabant and Frederick Canton (St. George's); Thomas Harvey (Westminster Hospital); John Sutcliffe (St. Thomas's); H. M. Crookshank (University College).

The following passed on the 13th inst.:—

Walter Kitching and S. A. Gill (London Hospital); G. E. Walker and E. C. Baber (St. George's); H. C. Turner, T. P. Stephens, A. H. Evans, G. H. Cable, T. A. Crackle, A. R. Betts, J. L. Brown, G. A. Dundas, G. C. Hall, and T. E. H. Clunn (Guy's); O. R. Richmond, Henry James, A. J. Chalmers, T. W. T. Williams, and Wm. Allnutt (King's College); J. D. Robinson, A. J. M. Walker, and G. E. E. Burroughs (Charing-cross Hospital); F. W. Willmore and F. F. Hopkins (Birmingham School); J. H. Cartwright, C. W. Chinery, and Edward Sergeant (St. Thomas's); W. M. Neott (Middlesex Hospital); G. D. Thane (University College); Jas. Fielding (Toronto); Edwin Thompson (Edinburgh).

The following passed on the 14th inst.:—

Benjamin Rix, F. A. Monks, Richard Galpin, F. E. Barrow, H. J. W. Barrow, David Duke, and J. E. Edwards (Guy's); W. E. Balkwill, T. R. Fendick, Richard Parris, J. E. Robinson, Chas. Feltham, A. A. Gillittie, O. T. Jones, and D. W. Giffard (St. Bartholomew's); J. J. J. Seaton, A. W. Budd, J. A. Cockburn, F. H. Spencer, William Rose, W. F. Hazel, B. S. White, J. C. Atkinson, and J. N. Rat (King's College); C. H. Gibson (Edinburgh School); A. H. Parker (London Hospital); H. C. Pope (Liverpool School); F. W. Wright and James Crocker (Leeds School); A. D. Parsons (St. Mary's); Ferdinand Wallis (Westminster Hospital); Clement Hadley (Birmingham School).

Of the 108 candidates admitted to their viva-voce examination in Anatomy and Physiology on the 6th, 7th, and 8th inst., 12 failed to acquit themselves to the satisfaction of the Court of Examiners, and were referred for three months' further anatomical study.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 8th:—

Beadles, Ferdinand, Broadway, Worcestershire.
Box, William Henry, Forest-hill, Kent.
Dawson, Frederick William Edmund, New Zealand.
Green, William Edward, Warwick.
Morrish, Richard Alfred, Ledbury, Herefordshire.
Pearce, William Henry, Holsworthy, North Devon.
Smith, Leonard, Cambridge-street, Pimlico.
Winslow, Lyttleton Stewart, Cavendish-square.

The following gentlemen also on the same day passed their first examination:—

Bunting, James, Guy's Hospital.
Park, Robert, Glasgow University.

THE Royal Mail Steamer "Atrato," with the West India and Pacific Mails, arrived at Plymouth on Monday. A fatal case of yellow fever occurred during the voyage, and the vessel was therefore sent to the Motherbank for the one day's quarantine necessary to complete her full time.

THE conviction of a farmer on Friday for sending bad meat to the London market, with a sentence of two months' imprisonment, was on the next day followed at the Guildhall police-court by a Leicester butcher being sent to prison for a month for a like offence. At Worship-street, on Saturday a fine of £20 was inflicted under similar circumstances.

WE are requested to announce that, in consequence of the domestic bereavement sustained by his Royal Highness the Prince Christian, the annual festival of University College Hospital, which had been advertised for the 20th inst., has been unavoidably postponed to the 23rd of June, when his Royal Highness has graciously consented to preside.

AT the ordinary monthly meeting of the Odontological Society, held on the 5th instant, J. H. Barrett, Esq., in the chair, C. Vasey, Esq., read a paper "On Gold Filling." It was resolved to adjourn the discussion to the following meeting, to allow of the subject being more fully entered into.

THE SICK-CLUB QUESTION.—Mr. Sainsbury, of Oldbury, read a temperate and able paper, on the 8th inst., "On the Relations of Medical Officers to Friendly Societies," before the Birmingham and Midland Counties Branch of the British Medical Association. It was conceded, on all hands, that the movement initiated by Dr. Heslop has been successful in many cases, and several practitioners stated that they are in receipt of five shillings per member from clubs which paid only three shillings a year ago. Many more of the best Provident Societies are contemplating the rise; and there can be no doubt that before long the most intelligent artisans must see that medical, like all other, labour, can only be expected to be good when a sound price is paid for it.

Medical Appointments.

BINGAY, R., M.D., has been appointed Surgeon to the Eastern Dispensary, Bath, vice W. Bush, M.R.C.S.E., resigned.

BEATTIE, H., M.D., has been appointed Medical Officer for the Ratcliff, Shadwell, and Wapping District of the Stepney Union, vice G. A. Rogers, M.R.C.S.E., appointed Medical Officer of Health.

CALDWELL, S. J. B., L.R.C.P.Ed., has been appointed Medical Officer for District No. 11 of the Parish of Liverpool.

CROWDEN, J. T., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Gedney-hill District of the Holbeach Union, Lincolnshire, vice H. G. Sturkey, L.R.C.P.Ed., whose appointment has expired.

DE ZOUCHE, J., M.D., has been appointed Medical Officer for District No. 7 of the Parish of Liverpool.

DICKSON, Dr. J. T., has been appointed Resident Medical Superintendent of St. Luke's Hospital for Lunatics, vice J. Ellis, M.D.

FALLS, Dr. W., has been appointed Resident Surgeon-Apothecary to the Warrington Dispensary, vice Bagnall.

FORD, J., M.D., M.R.C.S., L.S.A., has been appointed to the 7th and 8th Districts of the South Molton Union, vice J. A. Tidboald, M.R.C.S., L.S.A., resigned.

GODFREY, J. J., M.R.C.S.E., has been appointed Medical Officer for District No. 1 of the Cleobury Mortimer Union, Salop.

GOURLEY, S., M.D., has been appointed Surgeon to the Hartlepool Hospital, vice G. Kirk, resigned.

GRAVELY, R., M.R.C.S.E., has been appointed Medical Officer to the Village Hospital, Newick, Sussex.

HAINING, W., M.D., has been appointed House-Surgeon to the General Infirmary, Chester, vice W. B. Dalby, M.B., resigned.

HORNIBLOW, W. R., M.D., has been appointed Medical Officer and Public Vaccinator for the Towcester District and the Workhouse of the Towcester Union, vice R. F. Allen, L.R.C.P.Ed., resigned.

JUBB, A., M.R.C.S.E., has been appointed Surgeon to the Halifax Infirmary, vice W. H. Peacock, M.R.C.S.E., deceased.

KEMP, G., M.R.C.S.E., has been appointed Surgeon to the Union Workhouse, Sheffield, vice W. Skinner, M.R.C.S.E., deceased.

LEE, F. F., M.B., has been appointed Medical Officer to the Salisbury Medical Club and Provident Dispensary, vice E. Young, M.D., resigned.

MASTERS, W. H., M.R.C.S.E., has been appointed Surgeon to the Huntingdon Railway Company, to the London and North Western Railway Company, and to the Titchmarsh Almshouses, Thrapston; and Medical Referee to the Standard Life, Clerical and Medical, General and British Provident, and Railway Passengers' Assurance Companies, vice J. G. Leete, F.R.C.S.E., deceased.

PAYERSON, T., L.R.C.P.Ed., has been appointed Medical Officer for District No. 6 of the Parish of Liverpool.

PRICE, J. R., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Holyhead District of the Holyhead Union, vice W. Walthew, M.R.C.S.E., resigned.

REEVE, E., M.R.C.S.E., has been appointed Medical Officer for the East Bradenham District of the Swaffham Union, Norfolk, vice J. Revett Clonting, M.R.C.S.E., resigned.

RENDLE, Mr. E., late House-Surgeon at Guy's Hospital, has been appointed Surgeon to the Yorkshire Society's School, and District Surgeon to the Royal South London Dispensary.

RITCHIE, R. P., M.D., has been appointed a Physician to the Royal Hospital for Sick Children, Edinburgh.

SKINNER, R. V., M.R.C.S.E., has been re-elected Mayor of Winchelsea.

TAY, W., M.R.C.S.E., has been appointed Assistant-Surgeon to the London Hospital, vice C. F. Maunder, F.R.C.S.E., promoted to Surgeon.

WEIR, T. G., M.D., Physician to the Royal Hospital for Sick Children, Edinburgh, has been appointed Consulting Physician.

WHITCOMBE, E. B., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Cleobury Mortimer Union, Salop.

WHITE, Dr. J., Medical Officer of Dispensary, &c., has been appointed Medical Attendant to the Constabulary Force of Richhill Station, Co. Armagh.

WILLIAMS, G. H., M.D., has been appointed Physician to the Convalescent Hospital, Rhyl.

Births, Marriages, and Deaths.

BIRTHS.

ALLINGHAM.—On the 7th inst., at Milton-on-Thames, the wife of Wm. Allingham, F.R.C.S.E., of Finsbury-square, of a son.

ELLIS.—On the 12th inst., at Warwick-street, Eccleston-square, the wife of E. Ellis, M.D., of a daughter.

JEPHSON.—On the 23rd of Feb., at Moean-Meer, Bengal, the wife of W. H. Jephson, M.D., Deputy Inspector-General of Hospitals, of a son.

KING.—On the 14th inst., at Camberwell, the wife of T. W. King, M.D., of a son.

MOFFAT.—On the 12th inst., at Graham's-road, Falkirk, the wife of Robert Moffat, M.D., of a son.

SAVILLE.—On the 2nd inst., at Bishopwearmouth, the wife of Dr. J. J. Saville, of a son.

MARRIAGES.

DOWSON—BRYANT.—On the 13th inst., Christopher Henry Dowson, M.R.C.S.E., of Bristol, to Rose Kynaston, daughter of Samuel Bryant, M.R.C.S.E., of Bristol.

PEIRCE—LILWALL.—On the 13th inst., at the Parish Church, Wimbledon, James E. Peirce, M.R.C.S.E., L.S.A., of Bryn Cottage, Brynmawr, to Emilie Maria, second daughter of John Lilwall, Esq., of Hay, Brecknshire.

SKAE—NORMAN.—On the 7th inst., at Carlisle, Charles Holland Skae, M.D., Medical Superintendent of the Ayrshire District Lunatic Asylum, Ayr, to Frances Elizabeth, daughter of John Norman, Esq.

DEATHS.

BELL.—On the 8th inst., Wm. Bell, M.R.C.S.E., of Sutherland-square, Walworth, aged 53.

MACKEVY.—On the 8th inst., T. L. Mackevy, M.D., of Waterford, aged 78.

MANSELL.—On the 10th inst., Wm. Mansell, of Guernsey, late Surgeon Bengal Service, aged 88.

NICHOLLS.—On the 13th inst., aged 10 years, Helen Louise, eldest daughter, and on the 14th inst., aged 8 years, Faith, second daughter, of Dr. Nicholls, of Knutsford.

VON STIEGLITZ.—On the 6th inst., L. F. Von Stieglitz, L.R.C.P.Ed., of Weobley, Herefordshire, aged 28.

WISE.—On the 6th inst., at Ladock Rectory, Cornwall, Richard Wise, M.D., aged 66.

Medical Diary of the Week.

Monday, April 19.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Casual communications.—9½ P.M. Dr. Routh, "On some of the Causes of the Unproductiveness of Marriages, considered from a National point of view."

Tuesday, April 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Astronomy."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. Davy, "On the Character of the Negro."—Dr. Charnock, "On the People of Transylvania."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, April 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, April 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."

Friday, April 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Hermann Weber: "Treatment and Prognosis of Hæmoptysis."—Mr. Holmes Coote: "A Case of Syphilis."—Mr. Arthur Myers: "A Case of Syphilis."
ROYAL INSTITUTION.—3 P.M. Mr. E. B. Tylor, "On the Survival of Savage Thought."

Saturday, April 24.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. A. Geikie, "On the Origin of Land Surfaces."

Notes, Short Comments, and Answers to Correspondents.

THE FREEDOM OF THE PRESS.

MR. AYRTON'S Bill, "to repeal certain enactments relating to newspapers, pamphlets, and other publications, &c. &c.," is intended to put an end to a number of antiquated and vexatious restrictions on the liberty of the press in reference to recognizances, sureties, registration, &c. It is proposed simply to require printers to keep for six months a copy of every paper they print, with a record of the person for whom it is printed, such copy to be producible on the requisition of a justice of the peace at any time during the six months, under a penalty of £20. The printer will be also required to append his name and address to any publication printed in his office, under a penalty of £5. The object sought is to do away with every restriction in excess of what is absolutely necessary to discover, in the case of a libellous publication, the responsible party—a provision to which no respectable journalist or publisher can possibly object.

Dr. Birch's request shall receive attention.

EMPLOYMENT OF WOMEN AND CHILDREN IN THE COAL MINES OF BELGIUM.

THIS important question—one of considerable interest from both a sanitary and a social point of view—has recently been the subject of a most interesting discussion in the Royal Academy of Medicine of Brussels. More than a year ago the Academy determined to make an inquiry into the subject, and appointed a Committee with the object of carrying on this investigation. The report of the Committee has just been published, and it was in connexion with the reading of the report that the debate took place. The large hall of the Academy was thronged not only with medical men, but with the chief political personages of the city, who listened attentively to the debate. The extraordinary interest which has been exhibited in regard to the question may be easily explained when it is remembered how important and extensive is the coal industry in Belgium. Among the conclusions which have been set forth by the Committee, some are intended to show the disastrous consequences of employing women and children in the coal mines, whilst others point out the measures which may be adopted for warding off those consequences. Thus, according to the Committee, from the 1st of January, 1872, all women should be completely excluded from taking part in the coal works; and as regards boys, they should not be admitted into the mines before the age of fourteen, and only when they already know how to read, write, and cipher. Furthermore, no one should be admitted into the mines who is not provided with a health certificate from a medical man. These measures seem of a most wise and prudent character; yet they have met with some objections, which have arisen even among the medical men who took part in the discussion. It may be well to observe, however, that their objections address themselves rather to certain questions of detail involved in the Committee's conclusions than to the necessity of reforming the present state of things. There can be no doubt or hesitation as far as regards the purely medical aspects of the question. The inconvenience which attaches to the employment of women and children in coal mines is a matter of universal consent among the profession in Belgium, and they have been admirably summed-up in M. Boën's valuable work on the Diseases and Deformities of Coal Workers. The deformities induced by the peculiar kind of work carried on in the mines bear principally, not to say exclusively, upon the pelvis. This is of scarcely any inconvenience in men; but when women are concerned, it is a matter of great danger. Either the women are condemned to remain childless, or if they become pregnant, their own lives as well as those of their offspring are seriously imperilled. The practice of employing women in such an industry is therefore a most inhumane one, and must tell sooner or later on the population of the kingdom. There can be no doubt that it will be done away with, or considerably modified; and though the conclusions of the Committee may be not adopted as they at present stand, they will certainly form the basis of the new measures which are now under consideration.

Incredulous.—Dr. John M. Minter, R.N., is the medical attendant of the Prince and Princess of Wales whilst on their Eastern tour. Any other medical man who may form part of their suite does so on account of his social, and not his professional qualifications.

Mr. A. Allison.—The paper shall be read, and a reply given in our next impression.

PROFESSIONAL ADVERTISING IN EDINBURGH.

To the Editor of THE LANCET.

SIR,—You have often very strongly and justly condemned the practice of professional advertising, and with good results, as I believe, in many quarters; yet I regret to state that in this enlightened part the habit is not altogether eradicated. April showers infallibly bring with them a shower of handbills issued by some of our lecturers, and placed in the windows of all kinds of shops in all parts of the city. These bills all contain the full addresses of the residences of the authors in large characters. Some of the notices, too, are indelicate rather, especially as regards females, such as diseases of women, of the reproductive organs, &c. It is well known that the University men never resort to this practice, and students do not require any such intimations, a single advertisement or a notice at the class-room being sufficient. The object then must be to circulate among the public the special qualifications of the respective gentlemen. Most practitioners here take this view, and think that the Colleges should put a stop to it. The wrongdoers are all, of course, Fellows, and theoretically opposed to such practices.

It is fondly to be hoped that this brief and well-meant notice, along with perhaps a hint or two from your own very influential quarter, may lead to the abolition of a thoroughly uncalled for, unseemly, and unworthy practice.

I am, Sir, your obedient servant,

April, 1869. ANTISEPTIC.

R. T., (Witney.)—We really cannot undertake to furnish private replies to correspondents. With the express understanding that the models in question were to be viewed by professional men only, there would be no objection to such an exhibition; but it is alike disgraceful and demoralising, in our opinion, to expose them for public view. The whole thing is a vile quackery. Let our correspondent consult any respectable medical man, and avoid the persons he names, if he values his pocket or his happiness.

Mr. Frank Smith, (Sheffield.)—Thanks.

Senex.—Indigestion, particularly if connected with decomposition of the food, will cause the symptom in question, and there are other causes. Consult a respectable medical man in the neighbourhood. It is curable when the cause has once been discovered.

An Old Subscriber and an Anti-Malthusian shall receive an answer in our ensuing number.

TIGHT-LACING.

THE perversity and folly of some women have been the theme of moralists and satirists. We had hoped that the fashion of tight-lacing had died out; but an attempt has recently been made to revive it. If women are bent upon destroying their health, and at the same time making their persons appear ludicrous, it is their look out. The liberty of the subject permits them to deform their figures, derange their digestion, and endanger their lungs, if they are steadily determined to do so. Here is an advertisement extracted from a leading London paper. If L. C., the advertiser, has formed her figure upon the model she requires in "the tall respectable person of genteel appearance," who has attained an age of between thirty and forty, all we can say is she failed to acquire wisdom when she cut her teeth of that name, and we suppose never will be wise, if she should happen to live long enough—which we doubt—to have no teeth at all. Let us hope that it is not some vindictive old maid jealous of the easy gait and supple figure presented by "the girl of the period," who, with all her folly, is not so silly as to practise the "tightest possible lacing":—

"TO STAYMAKERS' ASSISTANTS, DRESSMAKERS, AND LADIES' MAIDS.—Wanted, a tall, respectable person, between thirty and forty years of age, and of genteel appearance and obliging disposition, for an important position in the country. She must not only have been an enthusiastic promoter of the full use of corsets, but have formed her own figure by the uniform practice of the tightest possible lacing. Applicants are requested to send, in addition to information about their previous occupation, particulars of their age, height, measurement round the bust and waist, together with carte de visite, which will be returned.—Letters to be prepaid, and addressed L. C., Post-office, Wallingford, Berks."

Mr. Owen Thos. Williams, (Bangor.)—Our correspondent's note is to hand. We do not see that there will be any misunderstanding in the neighbourhood where the parties are known.

Dr. J. C. Hunter.—The letter has been mislaid. Please forward another copy.

THE DRY-EARTH SYSTEM.

To the Editor of THE LANCET.

SIR,—Dr. George Johnson has directed attention to the fact "that he suspected" (and Professor Rolleston's paper confirms his suspicion) "that there was a very close relationship between the earth-closet system and the extensive prevalence of diarrhœa in the camp at Wimbledon last summer;" and as the practical experience I gained as regimental camp quartermaster confirms Dr. Johnson's opinion, perhaps it may not be amiss for me to state what I observed respecting the dry-earth system as used at Wimbledon in the years 1867 and 1868.

It may be remembered that the dry-earth closets were tried at Wimbledon for the first time in the summer of 1867, and it was reported that these closets were a great success, and upon the strength of this report the National Rifle Association directed the earth-closets to be used throughout the camp in the summer of 1868. The reason why the closets appear to have worked so well in 1867 is very simple; for, in the first place, they were built in out-of-the-way places, and were very little used; the quantity of earth supplied was constant and sufficient to thoroughly "smother" the excreta, and there was little or no smell. Therefore the advocates of this system were justified in the favourable report given of their dry-earth closets. See how different was the test in the summer of 1868. The closets were erected throughout the camp, and hundreds were using them daily or hourly. The arrangement was roughly as follows:—

1st. Large holes were excavated in the ground. 2nd. The closets, together with the dry-earth apparatus, were erected over these cesspits, with the urinals joining (about twelve to fourteen closets communicating with one pit). Air freely entered these pits or excavations. The earth fell upon the excreta from a box placed over the seat of each closet.

When we first began to use these closets, they seemed to act very well; but in a few days the urine began to saturate the walls of the cesspits, so preventing its absorption into the surrounding earth; the dry-earth, as it fell into the pit, soon became also saturated with urine, and looked like mud, so that the pits began to fill with excreta, mud, and urine. The supply of dry earth was too limited; for frequently by ten o'clock A.M. many of the boxes were empty, and were never refilled all day. The working of the apparatus was uncertain; for frequently the earth would not pass through, either because it was too damp, or the place was choked up. There appeared to be no one stationed at these closets to keep them supplied and in working order. By the time the camp was nearly over, these cesspits became cesspools filled with nothing but excreta, urine, and mud. Consider the arrangement of the closets, some ten or fifteen altogether, communicating with one common cesspit, perhaps being all used together, in a burning atmosphere, air having free access to the filth, causing gentle evaporation. Anyone who had to visit these places at Wimbledon in 1868 can testify to the fact whether even "deodorisation" was perfect or not. The effect of this stench upon the health of those exposed to it was as Dr. Johnson states—viz., "that diarrhœa prevailed to an extent that had never before been experienced in the camp." The excreta, &c., were not "deodorised" or "disinfected" and "rendered innocuous" in the Wimbledon camp of 1868.

The trial of the dry-earth closets in 1867 proves that when they are used by a *few persons only*, they act very well, and will answer in isolated houses where earth can be procured in *such quantities as actually to smother the excreta*; but the trial in 1868 proves that in camps, and if not in large towns, they (in my opinion) are useless and highly dangerous to health.

I am, Sir, yours obediently,

S. CARTWRIGHT REED, M.D.,
Ex-Captain and Camp Quartermaster, 40th Middlesex Rifle Volunteers.

Serjeant's-inn, March 22nd, 1869.

L.R.C.P. Lond.—This qualification does not give the title of "Doctor." The bye-laws of the College explicitly prohibit the use of the title of "Doctor" by licentiates. The licence is a mere medical licence for general practice.

Veevil.—Our correspondent may rely on our giving no opinion on the matters in dispute on any *ex-parte* statement.

THE READING DISPENSARY.

THE Governors of this institution are in doubt as to the best mode of making it of most use to those who apply for medical relief. Originally there were three physicians and three surgeons, who prescribed for patients at the dispensary, and visited others at their own homes. After some time the visiting became irksome and heavy, and since 1846 the house-surgeon has executed this part of the work devolving upon the medical staff. But the town and population of Reading have largely increased, and it is believed by many Governors that, as the house-surgeon must be occupied at the dispensary all the morning, and has only the afternoon for visiting, he cannot possibly get through with any satisfaction the work demanded of him, especially in the way of visiting out-door patients. At a special meeting of Governors held at the end of last month, Mr. George May, jun., proposed that three surgeons should be appointed to visit the sick at their own homes, and have the remuneration now paid to the resident surgeon *pro rata*, according to the number of patients they may have attended in the twelvemonth. After a very tedious discussion, it was resolved that the question of appointing a house-surgeon (to fill up the vacancy caused by resignation of the present holder of the office) be postponed for a twelvemonth, and in the meantime the Committee be requested to provide the necessary medical assistance in the manner indicated by Mr. May's motion. The Committee met again on the 11th instant, and, after some deliberation, decided to call another general meeting of Governors to reconsider the resolution already adopted, and to confirm or withdraw it. It is quite clear that the widest difference of opinion exists. We may perhaps be enabled to guide the Governors as to their proper course of action. In the first place, resident surgeons in institutions that take in-patients should not visit out-patients, or only in very few instances. Secondly, in the present case the house-surgeon declares that he could really do the visiting easily if he were not encumbered with a large amount of secretarial work. The latter is none of his business. It is clear to our mind that a searching inquiry is needed into the character and status of those who apply in large numbers at the Reading Dispensary for relief and to be visited at their own homes. If the object of Mr. May is to make the Reading Dispensary a provident institution—it is not stated what its exact nature is at present,—we commend his proposal. We regret to see that one argument used by Mr. May in favour of a change of system is that the out-door poor are at present attended by "young men." Mr. May should know that this is no sound reason, and that "young men," as he terms them, who become house-surgeons, are now-a-days generally very competent to treat disease. The Governors of the Reading Dispensary must not transform their institution into a pauper manufactory; but they will do this if they give a *carte blanche* to all applicants for the free use of the professional services of their medical staff.

Enquirer.—1. No practitioner has any *right* to a parish appointment in the district in which he is residing.—2. The appointment is in the hands of the guardians, subject to the approval of the Poor-law Board.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—In your issue of the 10th instant, Mr. Harris complains that you did not publish the whole of the correspondence that has recently taken place between the Sun Life Office and myself. I share Mr. Harris's feelings in this respect, and regret that you did not. In the correspondence alluded to, I asked Mr. Harris if he would oblige me with some substantial proof that the "medical practitioner on the Continent" gave a certificate in this case, which he declined to do, alleging that it was contrary to the rules of the Office. This strengthened me in the opinion that my certificate was the one relied on, and, in the absence of additional explanation, I could entertain no other. My examination was made on the 8th of March. "The medical practitioner on the Continent" was the late Sir Joseph Olliffe, who died at Brighton on the 14th ult. (six days later), and it is generally believed that he was unable to transact any business for some months before his death. I now leave this matter, and subscribe myself, Sir,

Your obedient servant,

Manchester-square, April 10th, 1869. W. H. DAY, M.D.

IN our late annotation on "Vivisection," by a typographical error kindly pointed out to us by one of our correspondents, the name of the knight by whom King Henry II. of France was accidentally wounded was printed Montmorency. It should have been Montgomery. This occurrence is matter of history. From a feeling of jealous rivalry the King did not lower the visor of his helmet, thereby leaving his face exposed. His opponent cautioned in the words "Gardez bien," since adopted as the motto of several families of Montgomery.

Mr. B. B. Thorpe.—The answer would entirely depend on the terms of the contract under which the office of vaccinator is held.

WOUNDS OF JOINTS.

To the Editor of THE LANCET.

SIR,—A case, of which at the time I thought very unfavourably, occurred in my practice in 1863.

A child, three years of age, when at play, had its patella divided from above downwards by a "bill" (used for chopping wood), and the articular surfaces of the tibia and femur indented. The sides of the patella were brought accurately together, the external wound by sutures, and the leg put on a straight splint. The child made a good recovery, and six months after the accident suffered no inconvenience from it.

I remain, Sir, yours truly,

Buckingham, April 13th, 1869. ROBERT DE'ATH.

ACORNS FOR FOOD.

A FEW months since we remarked that the discoverer of a mode in which acorns could be made palatable and available for the food of man would render a very great service; and this opinion has elicited from an American surgeon, Dr. King, of Detroit, the description of a plan adopted by the Indians for the purpose. Dr. King says the Indians collect the acorns when fully ripe, and store them in cribs at convenient distances, carrying with them in their wanderings as many as they think they will require till their return. The flour is prepared as follows:—

"A large flat rock, containing on its surface holes, either naturally or artificially made, is chosen. These holes are usually about six inches deep, from six to eight inches wide at the top, narrowing gradually to the bottom. The acorns, divested of the shell, are placed in them, and pounded fine by heavy stones of a conical shape. This labour, performed exclusively by the Indian women, is hard and slow work. The fine flour is separated from time to time by scooping out the flour with one hand, and dashing it against a grass mat held in the other; the fine flour adheres to the mat, and is brushed off into a basket, while the coarse rolls off into the hole, to be again pounded. When the flour is ready, a large basin is made on the ground, like a mortar bed, about three or four feet in diameter, a little narrower at the bottom, and the sides are eighteen inches in height. The inside is then made smooth by the hands. This basin is filled with water heated to boiling by putting into it hot stones, heated almost to redness over a fire near by. The acorn flour is then added and stirred for several hours, and then left to settle. The water is then drawn off, and the flour, of a jelly-like consistence, is found adhering to the sides and bottom of this earthen basin, and is carefully scraped off by the hand. It is now sweet and nutritious, the bitter principle of the acorn having been driven off by the heat. Upon this food these Indians rely almost entirely for their subsistence a greater part of the year, necessity having taught them how to make it palatable, and thus they are enabled to live where the white man, with similar resources, would be very apt to consider certain starvation inevitable."

Mr. D. B. should consult a respectable dentist. As our correspondent is obliged, from the loss of his hands, to hold his pen in his mouth when he writes, we can well understand his wish to preserve his teeth from decay.

THE clinical lecture by *Mr. J. F. West* on "Popliteal Aneurism" shall appear in an early number.

S. S. C., (Clapham-road.)—We have alluded to the matter. It is simply astonishing that there should be such foolish people in the world, and public censure has, we fear, very little effect on them.

Mr. Holt, (Hitchin.)—Inserted last week.

THE BRIGHTON SEWAGE.

To the Editor of THE LANCET.

SIR,—I am glad to see that you strongly advocate the proper disposal of the sewage of Brighton, by employing it upon the land, where it will be useful, instead of pouring it into the sea, where it is not merely wasted, but where it spoils the beach for walking, and the water for bathing or boating. This case seems to me to prove two points—first, that the land is the only proper place for the disposal of the sewage, not only of inland towns, but of those on the coast as well; and secondly, that even if the stupendous difficulties of the earth-closet system for towns could be overcome, the difficulties of disposing of the sewage would not be materially diminished. Assuming most of the night-soil to be kept out of the sewers, or even assuming, what is virtually impossible, that all the inhabitants of Brighton were compelled to submit to all the disagreeable intrusions for bringing in, taking away, and raking over the soil, inseparable from the earth-closet system, there would still remain all other sorts of abominations to be got rid of. The sewage would be contaminated with enormous quantities of human and animal urine, with house slops, washings from streets, stables, and cow-sheds, from slaughter-houses, and offensive trades—in short, every description of nastiness, which could not be discharged at the sea-shore without producing the same sort of evil, not very much diminished in degree, as is now complained of; while it would be quite as troublesome and costly to get rid of this offensiveness if the night-soil could be kept out of it, while the liquid would on that very account be less valuable as manure.

One argument often urged by the advocates of the dry-earth system is a very queer one. They say, and I presume believe, that a few handfuls of earth sprinkled over night-soil will so completely disinfect it as to render it perfectly safe and inoffensive; yet that if the same quantity of night-soil be largely diluted with water and spread over the land, into which it immediately soaks, thus intimately mingling with some tons of soil, it is, or at least must be, offensive and dangerous. It is no use for those who have tried the experiment to assert that liquid manure, unless used in a wasteful excess, becomes almost immediately imperceptible to smell, and produces no apparent ill-effect. The advocates of the dry-earth system still go on affirming as confidently as ever, that tons of soil in its usual state will not disinfect as well as a few pounds of dry earth will do. Even if this extraordinary notion were credible, it would not help them, for the dry manure must become wet as soon as it is rained upon; and if fresh sewage after soaking deep into the soil is injurious, how can human compost laid on the surface after it becomes wet be safe? The simple fact is, that manure, whether wet or dry, is equally safe if properly used without wasteful excess.

The question between the wet and dry system is simply, by which plan can that which is disgusting and injurious filth be most conveniently, immediately, and safely converted into actively useful manure. Either plan, perfectly managed, will effect this; and either plan, imperfectly managed, will fail disastrously. That which needs the most cost, trouble, and attention to insure success is the one not to be chosen, and that is the dry-earth system; except possibly in cases where all concerned are compelled to act under complete control, which is not, and I trust never will be, the case in any English town; and except also where there is no proper water-supply, or no sufficient sewers, in either of which cases, though in no others, can the dry-earth system be wisely recommended.

I am, Sir, your obedient servant,

P. H. HOLLAND, M.R.C.S.L.

Richmond-terrace, Whitehall, April, 1869.

EMIGRANT SHIPS.

A SERIES of articles from the pen of "A Steerage Passenger," describing the life of an emigrant on board-ship, is in course of publication in the *Birmingham Daily Gazette*. The writer exposes the rough usage, the hard fare, and the insanitary surroundings of the emigrants on their voyage out to the United States from Liverpool, and in a style that carries no little conviction of the truth of his statements. We have heard much of the horrors of emigrant life on board-ship of late, and the present description only tends to confirm the truth of the existence of great though preventable evils.

Farringdon General Dispensary.—The paragraph can only be inserted as an advertisement.

Dr. J. Williams's (Sudbury, Suffolk) report on "Two Cases of alleged Deaths from Starvation" shall appear next week.

NORFOLK AND NORWICH HOSPITAL.

WE regret that the Report of this excellent institution, kindly forwarded to us, having been mislaid, we are unable to refer to it this week, as we had intended.

A Lover of Justice.—We have forwarded the extract to the son of the late Dr. Marshall Hall, and, no doubt, he will move for an injunction to prevent the use of his father's name.

THE TREATMENT OF CHRONIC URTICARIA.

To the Editor of THE LANCET.

SIR,—In reply to the inquiry of "Octo" as to the best treatment of chronic urticaria, I have found, after considerable experience, that a course of four or five Turkish baths, taken on alternate days, at the same time using colchicum internally, along with some simple saline, to be the most efficacious; though I believe no radical cure is yet known, as our great dermatologists seem to be quite in the dark as to the real pathology of this most distressing malady.

Yours obediently,

Manchester, April 14th, 1869. VICTIM.

To the Editor of THE LANCET.

SIR,—If your correspondent, "Octo," will give his patient bismuth in full and continued doses, say for one month, I think he will stand a fair chance of relieving, if not curing, his patient, as such has been my good fortune with this remedy in two similar cases.—Your obedient servant,

April 12th, 1869. HERBERT EVERITT.

A Lover of Justice.—There is no limit to the unblushing effrontery of quacks. The advertisement has not escaped our notice; but we fear nothing can be done.

Mr. W. H. Brownlie, (Sandon, Stone.)—We are afraid that we cannot help our correspondent. The Secretaries of the different Societies furnish reports.

THE ST. PETERSBURG STUDENTS.

THE *Wiest* of St. Petersburg publishes, in its number of March 22 (April 3), the following curious proclamation, issued by the students of the town, in consequence of the closing of the University and other educational establishments:—

"We, students of the Academy of Medicine, the University, the Technological Institute, and the Agricultural Academy, desire—first, the right of having a fund out of which we could give assistance to our poorer colleagues; second, the right of meeting in the buildings where we study to discuss our common affairs; and third, freedom from the humiliating guardianship of the police, which brands us with the shameful stigma of slavery even before we have quitted the student's desk. The authorities have replied to our demands by closing our schools and by making arrests. We appeal against these measures to Russian society, which ought to support us, for our cause is its own. If it remains indifferent to our protest, it prepares for itself by so doing the chains of slavery. Our protest is firm and unanimous, and we would rather perish in the casemates and the mines than have our moral sentiments stifled and become mere abortions in our academies and universities."

A Member will perceive that a letter from Mr. Rendle appears in another column.

X. M'N., (Glasgow.)—We cannot forward private replies to questions. It is surprising that any man of ordinary intelligence can require to be informed whether such nonsense be true.

TANNIC ACID IN CORYZA.

To the Editor of THE LANCET.

SIR,—I was much interested in reading the above treatment by Dr. Porteous in your periodical, and shall in future try it in preference to the treatment I have hitherto pursued with great success—viz., after thoroughly cleaning out the nostrils by blowing, &c., painting them with a solution of nitrate of silver, ten grains to the ounce. I have generally found one application sufficient. It does not cause the least pain. I have not ventured the experiment on many, as I have my doubts whether the discharge is not a relief rather than otherwise, though in my own person, and in those to whom I have applied the above treatment, I have never experienced any evil after-effects.

I remain, Sir, yours truly,

Carnarvon, April, 1869. M.D.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Paget; Dr. Grailly Hewitt; Dr. Symes Thompson; Dr. Lankester; Dr. Cobbold; Mr. Rendle; Dr. Murphy; Mr. Welsh; Mrs. Hillier; Dr. Chisholm, Baltimore; Dr. Hunter; Mr. Shaw; Mr. Andrew; Mr. Gornall, Preston; Mr. Seaman, Durham; Mr. Griffiths, Bristol; Mr. Edwards, Bonchurch; Dr. Lister, Ashton; Mr. Thurgar; Mr. Walker; Mr. Gibson, Norwich; Mr. Whitford; Mr. Phillips; Mr. Morrell; Mr. Bingham; Mr. Dowell; Dr. Miles, Gillingham; Mr. R. De'ath, Buckingham; Mr. Glascott, Manchester; Mr. Woode; Mr. Winslow; Mr. Marshall; Dr. Williams, Bangor; Mr. Coats; Mr. Rendall, Ilfracombe; Mr. Bain, Crewe; Mr. Knowles; Dr. Haynes; Mr. Huntley; Mr. Boshier; Dr. Farr; Dr. Waters, Liverpool; Mr. Poole; Dr. Trend; Dr. Gooding; Mr. Kirkland, Goldhill; Mr. Utley; Dr. Dempsey, Oldbury; Mr. Lomas; Mr. Thorpe, Woodford; Dr. Thomas; Mr. Tyrrell; Mr. Lawrence, Bath; Mr. Hill, Newport; Mr. Ford, Ipswich; Dr. Gourley, West Hartlepool; Dr. Wadd; Dr. Cholmeley; Mr. Taylor, Sheffield; Dr. Ford, Chulmleigh; Mr. Walton, Dursley; Mr. Torrance, Luton; Dr. Prowse, Amersham; Dr. Herbert, Bradford; Dr. R. Moffat, Falkirk; Dr. Milner, Jamaica; Mr. Lloyd, Peterborough; Mr. Churchill; Mr. Barnes; Dr. Bauer, New York; Mr. Train; Dr. Nilson; Mr. Howard; Mr. Earl, Eastwood; Dr. Millar; Mr. Harvey, Strood; Mr. Brownlie; Dr. Mackaye; Mr. Holden; Mr. Stone; Dr. Wardell, Tunbridge Wells; Mr. Manton, Exeter; Mr. Evers, Scarborough; Dr. Barber, Crickhowell; Dr. England; Mr. Butler, Bristol; Mr. W. F. Smith, Sheffield; Mr. Bell; Mr. Branksome; Mr. W. Norman, St. Columb; Dr. Medd; Mr. Monkton, Wadebridge; Mr. Perkins; Dr. Edwards, Wiveliscombe; Mr. Morgan; Dr. Harding, Whittlesea; Mr. Wilson; Mr. T. Thompson; Mr. Propert, St. Davids; Dr. Cremer, Cork; Dr. Cartwright Reed; Mr. H. Everitt; Dr. Whittaker; Dr. Brown; Mr. Davies; Dr. Elliott, Rochdale; Dr. Day; Mr. Parson; Mr. Withington, Bristol; Dr. White, Rochdale; Dr. Burder, Bristol; Dr. Mackintosh, Littleport; Dr. Edwards, Cheltenham; Dr. Rose, Kidderminster; Mr. Morice; Mr. Couch, Bodmin; Mr. Harper, Calcutta; Dr. Andrew, Earl Soham; Dr. Alliston, Bridlington; Mr. Sheridan; Mr. Law; Mr. Rigby; Mr. Gay; Mr. Pollard; Mr. Basham, Brierly Hill; Dr. Hall, Barton; Mr. West, Birmingham; Mr. Holland; Mr. Jibb, Caterham; Antiseptic; F.R.C.S.; Victim; An Anti-Malthian; A Member; The Son of an Old Subscriber; Anthropological Society; Anaximander; Royal Institution; The Secretary of the Leeds School of Medicine; A. H.; A. B.; J. M.; L. S. C.; Senex; Hibernicus; Junius; Incredulous; R. B.; Enquirer; T.; A Lover of Justice; M.D., Carnarvon; &c. &c.

California Medical Gazette, Brighton Guardian, Lincolnshire Chronicle, Surrey Advertiser, Indian Medical Gazette, San Francisco Daily Herald, Brighton Chronicle, La Santé Publique, Norwood News, Buxton Advertiser, Birmingham Daily Gazette, Poor Law Chronicle, Scarborough Gazette, Salford Chronicle, Brighton Observer, York Star, Shepton Mallet Journal, Ulverstone Advertiser, Bolton Chronicle, Liverpool Albion, Brighton Gazette, Leamington Spa Courier, Kidderminster Times, Supplement to the North Wales Chronicle, Brighton Times, and *Berkshire Chronicle* have been received.

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